STATE OF MARYLAND

SHOWING IN STREET Low Remark Anoxumers II of well for Brantisian Marketille MARKARD LA PIRA V 15 HOCKEST DR SUGO WHERE T. CHERVINE MARKETT. CHERLES District Hill Spring District State Comment of the the resemble the west of Little Hermite of regard fire of the firm the firm the man the firm Sugar browning from Thomas him

00-12201	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	1. DECEASED NAME FIRST	WIDDIE	LAST	20. DATE OF DEATH MONTH	DAY YEAR
y be	Freder		exander	July 6, 1	
ge 4 magge 4 m	MALE	CAUCASIAN	NOTE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) 74	MONTHS DAYS
eom. Pa	MARMIDACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	ANNE ARUNDE	
5 O S	ANNAPOLIS	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A THOMAS D	(DDRESS)	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) DF PLANNING	126 KIND OF INDUSTRY BOARD OF
NND 212 24 hour filled in oold be i		NE OR OTHER INSTITUTION GIVE RESIDENCE BEFORE OUNTY  E ARUNDEL ANNAP	U I I I INSTDECTY I I MILES	ARUNDEL COU SAME AS 11	MTY SYST
MARYLAND ed within 24 mpletely fille ond should	14 FATHER'S NAME LEROY	ALEXANDER	A LM AFIRST	LUCAS	LAST
ote be execut	160 WAS DECEASED EVER IN U.S. (YES NO ORUNKNOWN) (IF YE	ARMED FORCES? 16b SOCIAL SECUL S GIVE WAR OR DATES) 219-18-		ALEXANDER S	SAME AS 1
res that the deoth certific med by it affects an open on please in order of the open of the provincial cree whom a remain or enter it measure.	PART I DEATH WAS CA IMME  Conditions, if ony, which gove rise to immediate cause Io. stating the underlying cause lost  PART 2 OTHER SIGNIFICA	DIATE CAUSE (0)	gnant lyn NCE OF	MINAL DISEASE OR CONDITION	APPROXIM BETWEEN OP  N  N  GIVEN IN PART 110
DIVISION OF VITAL RECORDS  NG PHYSICIAN: The low requi offending physicion.  ther this certificate has been sig os the buriol-tronsit permit. Thei th and Mental Hygiene prior to k orked or Item 18 shows gay injur	19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	OPERATION WAS PERFORMED  211. HOW INJURY OCCUR		FYES, WERE FINDING ERTIFYING CAUSES O YES
ISION OF V PHYSICIAN tending phy this certific he buriothro nd Alento I Hem 18	OR CONTRIBUTING CAUSE OF CITY MEDICAL EXAM  21d INJURY OCCURRED  WHILE NOT WHILE		Y YEAR 19 211 LOCATION	CITY OR TOWN	COUNTY
DIV ATTENDING septial or of CTOR: After J for use os 1. of Health on n 21 is morking	220 I certify that (I) (this h	ospital) attended the deceased from		deoth occurred on the date and	
SPITAL OR I by the house house a Stote Dept	22d PHYSICIAN'S NAME (1	W Coluy	DEGREE ATTENDING PHYSICIAN )	MEDICAL STAFF DIRECTOR PHYSICIAN	220 DATE S
TO HOS TO FUN should be with the	ENSER	W Colt	ME OF CEMETERY OF CHEMATORY	KUN ST /	TNUAPOL

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

ITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ IN ITEM 18 PART ( OR PART 2) STATE te and have and from the causes stated 22c DATE SIGNED 22e ADDRESS 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION KEYSER COUNTY KEYSER FARM CEMETERY 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

2b HOUR

12b KIND OF BUSINESS OR

ÖF SYSTEM

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

SAME AS 11

IF UNDER 24 HRS

EDUCAT-

BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

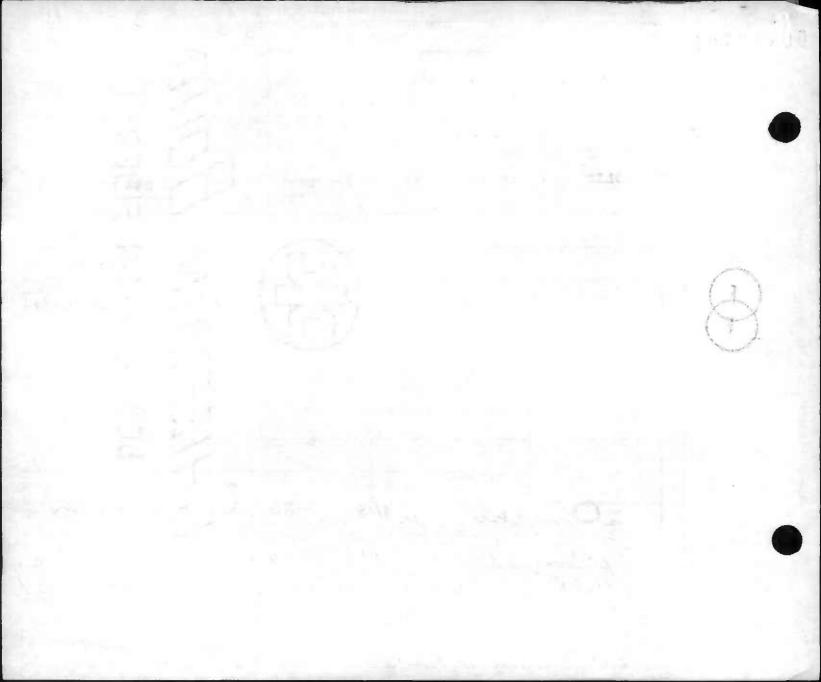
24 FUNERAL DIRECTOR WEST ST. ANNAPOLIS EVANS 1212

23b DATE

7-10-86 GERSTELL

230 BURIAL, CREMATION, REMOVAL

"BURIAL



FOR STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

П	REGISTRAR		CERTIF	ICATE OF DEA	iin .	REG. NO	٥.		
	1. DECEASED NAME FIRST	MIDDLE	1.	AST	20	DATE OF DEATH	MONTH DA	Y YEAR	2b HOUR
	CLAREN	CE R	1	FLLER	)	Jul	4 02	86	12:38 PM
i,	3 SEX	4. RACE	5. DATE C			AGE (IN YEARS LAST BIRT	HDAY) IF	UNDER I YEAR	
	MALE	BLACK	MONTH	6 1	907	78	YRS.	NIHS DAYS	HOURS MIN.
1	HE BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	UNTRY? 8	-	9	BALTIMORE CITY O		FDEATH	
1	MARYLAND	U.S.A.	MARRIEI	NEVER MAR	1/	INNE ARU	AIDFZ_	Co	MD.
	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOME C		ITION 12	. USUAL OCCUPATION	ON		OF BUSINESS OR
	ANNAPOLIS	ANNE ARUN	() 1	EDAL HO	SOTAL	TYPE OF WORK FOR MOST OF	WORKING LIFE)	INDUSTRY	
1	USUAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDEN	NCE BEFORE ADMISSION)				-		714/
)			APOLIS		0 🗆	701 Glen		ve. Ap	t 310
1	14 FATHER'S NAME	WIDDLE	LAST	15. MOTHER'S M.		MIDDLE		LAS	ST
	SAMHEL	ALLI	EN		VELLI		SIMMS		
	160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATEST	IAL SECURITY NO.	17. INFORMANT		olis, Mare			
	NO	215-	32-0016	EARL HUN	PHREY	1288 Graf	t Cour	t Apt.	1 A
	18 CAUSE OF DEATH (Enter	only one cause per line for to	), (b), and (c)			1100		BETWEEN	ONSET AND DEATH
	PART I. DEATH WAS CAU	ISED BY:  IATE CAUSE (a)	88. DID 68A	Dic Si	tock				
		DUE TO, OR AS A CO							,
	Conditions, if any, which	( 1b) F	TOUTE /	TUDONE	MAIN	INFARCT	2m)	21	5 hours
	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CO		7 22 22 22	W. A.				
	underlying couse lost.	(C)	NASE O DE IACE OF						
		T CONDITIONS CONTRIBUTI	ING TO DEATH BUT	NOT RELATED TO	THE TERMINA	AL DISEASE OR CONE	OITION GIVE	IN PART 1	0
	Z P	ERIPHERAL .	DASCULA	a Dust.	17-15				
3	3 190 DATE OF OPERATION	196 CONDITION FOR				20a AUTOPSY?	20b. IF YES,	WERE FINDIN	NGS USED
7	190 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING					YES NO	YES		OF DEATH?
-	210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	ITU DAN MEAD	21c HOW INJUR	Y OCCURRED	(ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	T I OR PART 2)	
7	OR CONTRIBUTING CAUSE OF		NIH DAY YEAR						
	OR CONTRIBUTING CAUSE OF CIFE EITHER NOTIFY MEDICAL EXAMI	21e. PLACE OF INJURY	1 0	211 LOCATION		CITY OR FO		COUNTY	STATE
	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY	Y, OFFICE, FARM, ETC )	STREET		CHTORIO	414	COOMIT	STATE
		spital) attended the deceased			19 R3	to Sheeles		860	that (I) owe) lost
	saw the deceased elive	not) view the body after deat	19 86, on	d that in my ) ou	r) opinion deo	th occurred on the do	te and hour c	and from the	causes stated
	22b. SIGNATURE	101) View The Body offer deaf		DEGREE				22c. DATE	
		1-11	1			MEDICAL STAF		5-	1 -6
7	22d. PHYSICIAN'S NAME (TYP	E OR PRINT)	The state of	ADDRESS	SICIAIT EX	MEETOK   ATTOC	NI C	1/0	
-									
-	230 BURIAL, CREMATION, REMOV	AL 23b. DATE	131 NAME OF C	EMETERY OR CRE	MATORY	23d LOCATION			
Ì	CREMATION	7-5-1986	GREENMO		MATORY	Baltime		COUNTY	STATE
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	_ I . WAGENERY \$11	COLL CILLII	MARK VALA	االليا بلياتاند ا	716	I'ICLI V	1 411171

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

Annapolis, Md. 21401 24 FUNERAL DIRECTOR WILLIAM REESE & SONS MORTUARY, P.A.

250. DATE REC D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE AND A 1111 0 1005 Huma Davidson

Daviden V

THE LOCAL PROPERTY OF THE PARTY And the second s of present and a section of the sect No first that becomes not state that the set of No. 1 THE STREET OF TH handware specifical tiple of the boundary of the second 

DHMH - 16 60M 7/B4

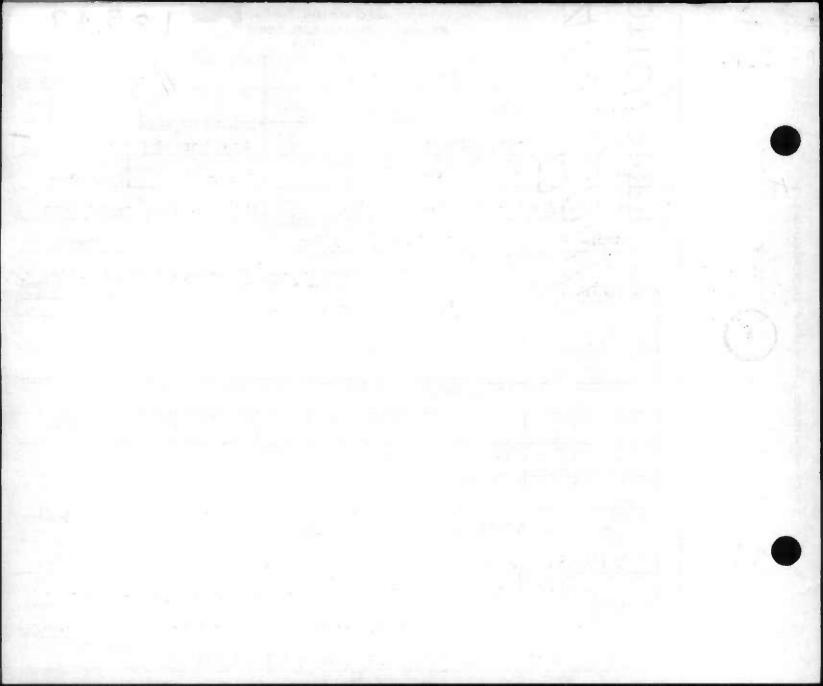
(VRA 15, 4)

FOR STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

86 18549

		REGISTRAR			CERTIFIC	CAILOI	PEMIN	REG.	NU.	100	
		CEASED NAME FIRS		MIDDLE	LAS	51		20. DATE OF DEATH	MONTH	DAY A YEAR	26 HOUR
		He.	len	Elvira	A	llen			July	10, 198	6 5:28 A
	3. SEX		4 RACE		5. DATE OF	BIRTH	YFAR	6 AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAY	R IF UNDER 24 HRS
_	La l	Female	White		June	10,	1913	73	YRS		
21		RTHPLACE (STATE OR FOREIG		F WHAT COUNTRY?	8 MARRIED	☐ NEVER	MARRIED -	9 BALTIMORE CITY	OR COUN	TY OF DEATH	
2		Montana		States	WIDOWED	Ď D	NORCED [	Anne Arı			ME
1	Ž	Annapolis	48 ROX	HOSPITAL, NURSIN UCH FACILITY, GIVE STREET, Deers Road	AOORESS)	OTHER INS	TITUTION	Type of work for mo Housewill	T OF WORKING	GLIFE) INDUSTR	of Business or maker
2	130. S MOI	ntana Lev	ME OR OTHER INSTITUTION OF THE PROPERTY OF T	13c. CITY OR TOWN Helena	N	YES 🗶	CITY LIMITS?	13e.STREET ADDRES 1540 Beat	s / zip co verhea	ad Road/	59601
1	IA FA	Martin	MIDDLE	Stadh			S MAIDEN NAM Ima	WE			horen
7	16a W	VAS DECEASED EVER IN U.	S. ARMED FORCES	166 SOCIAL SECU	RITY NO.	17 INFORM	ANT	ADI	DRESS		
7	(	YES, NOOR UNKNOWN) (IF Y	ES, ONE WAR OR OXIES)	517-14-1	323	Lynne	Aronen	48 Rodge	ers Ro	ad Anna	polis, M
		18. CAUSE OF DEATH (En PART I. DEATH WAS C IMM  Canditians, if any, whi gave rise to immedia couse (a), stating I underlying cause la	DUE TO,	BLEVOOR AS A CONSEQUE	NCE OF	CAN	1 c lī N			97 IWE	XIMATE INTERVAL N. ONSET AND DEATH
	NO	PART 2. OTHER SIGNIFIC.	_ (c)_	CONTRIBUTING TO D	DEATH BUT N	OT RELATE	TO THE TERM	INAL DISEASE OR CO	NOITION	GIVEN IN PART	lia
1	CERTIFICATION	19a DATE OF OPERATION	19b. CON	DITION FOR WHICH	OPERATION	WAS PERFO	DRMED	200 AUTOPSY? YES NO	20b. IF IN CER	YES, WERE FIND RTIFYING CAUSE YES []	INGS USED ES OF DEATH?
	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX	OF DEATH HOUR	OF INJURY A.M. MONTH DA P.M.	19			ED (ENTER NATURE OF II	NJURY IN ITEM	IS PART   OR PART 2	
	WED	21d. INJURY OCCURRED  WHILE NOT WHILE EAT WORK	(AT HOME	E OF INJURY STREET, FACTORY, OFFICE, FA		21f LOCATI		CITY OF	NWOI	COUNTY	STATE
		220.1 certify that (1) (this saw the deceased oli above (1) we) (did) (6	Vera 7/318	6 19	. and		aur bpinian a	ta	date and t	. 19 nour and from th	, the last ne causes stated
		S PWA	TKW.	S	D	EGREE	ATTENDING PHYSICIAN	MEDICAL S DIRECTOR PHY	TAFF SICIAN [	224. DAT	10/86
		274 PHYSICIAN'S NAME	Whei	mm			ranklin	Street A	nnapo	olis, Ma	ryland
		BURIAL, CREMATION, REMO					CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE
		Cremation	July	11,1986	Greenm	ount (	Cremato	ry Baltin	ore,		Maryla
		JNERAL DIRECTOR		ADDRESS			25a. DATE	REC'D. BY REGISTR	AR 250 REG	ISTRAR'S SIGN	Aption-
	wa.	lter Brooks E	Bradley, ]	nc. 2135 1	Dundal	k Ave	nue	1 1 1986	1	V-21111	



Annapolis, Md. 21401

WILLIAM REESE & SONS MORTUARY, P.A.

STATE OF MARYLAND

DHMH - 16 60M 7/84

24 FUNERAL DIRECTOR

(VRA 15, 4)

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	1 -	FOR STATE REGISTRAR			DEPARTA	MENT OF H	EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 OREG. NO		8 5	5
2		OR PRINT)	FIRST		AIDDLE		AST	20 DATE OF DEATH	AONTH D	AY PYEAR	2h HOUR
7	_		ICHARDS		0.		LSUP	Vo ag	' '/	V G	738 M
	3 SE:		4. RA			S. DATE (	DAY YEAR	6 AGE (IN TEACLEST BIRTH			HOURS MIN.
4	MA	RTHPLACE (STATE OR FOR	21.0	BLACK		7	27 1925	9 BALTIMORE CITY OR	YRS.	OF DEATH	
X	6	OUNTRY)	EIGN /6 C		WHAT COUNTRY?		Never Married	ANNE ARUN			
Н	_	RYLAND  TY OR TOWN OF DEATH	4 111.	U.S.A		G HOME C	D DIVORCED DIVORCED	12a USUAL OCCUPATIO			MD.
I		APOLIS		(IF NOT IN SUC	ds Drive		OTTLER BY OTTLOTTO	TYPE OF WORK FOR MOST OF			000111000011
ł	USU	AL RESIDENCE (IF NURSING	HOME OR OTHER	RINSTITUTION	GIVE RESIDENCE BEFORE			JANITORIAL		An	. /0
ł		RYLAND	A.A.		13c. CITY OR TOW	N	13d INSIDE CITY LIMITS?	172 Woods		The )	140=
1	14 F/	THER'S NAME					15 MOTHER'S MAIDEN NA	ME	DLIAG		
А	JOS	EPH FIRST	W.	.E	ALLS	JP	ESTELL.	MIDDLE		OLIVE	EB.
	160 V	VAS DECEASED EVER IN			166 SOCIAL SECU	RITY NO.		napolis, Md	\$ 214	03	
١	,	YES NO OR UNKNOWN)	W.W.I		218-12-	9815	BERNICE ALLS	SUP 172 Wood	s Dri	ve	MATE INTERVAL NSET AND DEATH
	7	Conditions, if ony, we gove rise to immediate course to its storing	which diote the lost	DUE TO, OF	ALCONSOUS MACONSOUS	NESCEN		INAL DISEASE OR COND	ITION GIVE		
7	CERTIFICATION	19a DATE OF OPERATIO		19b. CONDI	UI -QE) TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERTIFY YES		GS USED OF DEATH? NO []
1		21g. ACCIDENT WAS UNDER		21b. TIME O HOUR A.		Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PA	RT   OR PART 2]	
	MEDICAL	(IF EITHER NOTIFY MEDICAL	EXAMINER)	P./		19	211 LOCATION				
	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	1	21e PLACE (	OF INJURY EET, FACTORY, OFFICE F	ARM ETC )	211 LOCATION STREET	CITY OR TOW	14	COUNTY	STATE
I		22a.1 certify that (I) (II		ottended the	deceased from_	200	19	10 7/12	1	9 6 11	hot (I) (we) last
		sow the deceased obove, (1) (wee) (alid	olive on	7/	16 19_	#	d that in (my) toor opinion	death occurred on the dat	e and hour	and from the co	ouses stated
		22b. SIGNATURE	ed c	. 1	one	M:	ATTENDING PHYSICIAN	MEDICAL STAFF		22c. DATES	IGNED /
		Densey	C. 1	brut	, y.D.		16/6 Forth	TAX, A	nes	polis	2140
		BURIAL, CREMATION, RE	MOVAL 23	b. DATE	23€. №	IAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
	B	URTAL	Amm		1986, PIN	ELAW	MEM. PARK	EREC'D BOREGE ER	Is A	A. Ma	ryland
1	100	NAME	-		Md. 21401 ADDRESS		75a. D	5 1088	JUNE GISTR	ANS SIGNATU	andelle
	1	LLIAM REESE	& SON	5 MOR	TUARY. P.	Α.			17		

Analysis and delegated the state and other transfer of the state of th

j 0 -	11833		FOR STATE REGISTRAR	3 9 1			MENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH	O REG. NO		5 5 2
90	death death		CEASED NAME	MARY	-	E.	ANA	FRSON	2a. DATE OF DEATH	7 2	VEAR 26 HOUR 10:30 AM
e e	P	3. SE	X		4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	HDAY) IF	UNDER 1 YEAR IF UNDER 24 HRS
4	rs af	F	DMALE		BLA	CK	MONT	3 1936	50	YRS.	DATS HOURS MIN.
9	Pop di		RTHPLACE (STATE OR F	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY O	FDEATH
5	15 76 9		ARYLAND		U.S	. A .	WIDOWE		ANNE AR	UNDEL C	COUNTY
	4 4 6		TY OR TOWN OF DEA	TH	II. NAME OF	HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATI	NC	126. KIND OF BUSINESS OR
الم			NAPOLIS		ANNE		GENER	AL HOSPITAL	(TYPE OF WORK FOR MOST O	F WORKING LIFE)	INDUSTRY
NND 2	filled in	13a. S	AL RESIDENCE (IF NURSI STATE ARYLAND	13b. COUN	TY	13c CITY OR TOW ANNAPOL	N	134 INSIDE CITY LIMITS?	136 STREET ADDRESS A		2/40/
TYL H	sh sh	14. F/	THER'S NAME		WIDDLE	LAST		15 MOTHER'S MAIDEN NA			
WAN		W.	ILLIAM		WIDDLE	GALLAWAY		MARION	WIDDIE	GANTI	LASF
RE,	0 - 0 /		VAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFORMANT A	nnapolis	ds. 2140	01
W ×	Pages 1	(	NO	(IF YES, GIVE	WAR OR DATES)	220-58-1	445	ROLAND ANDE			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2 PHYSICIAN. The low requires that the death certificate be executed within 24 his	by the attending p sose remave carban al, cremotion, or rem r other troumatic eve		Conditions, if ony, gove rise to imm couse (a), statin underlying couse	which nediote g the	(b)_(	CARDIO- DIR AS A CONSEQUE METASTI DIR AS A CONSEQUE	ATIC	Squamous	Care CARC	ENOM A	8 mos.
RDS, 20	Then plus to buri	NO	PART 2 OTHER SIGN	NIFICANT C	ONDITIONS <u>C</u>	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CONI	DITION GIVEN	IN PART Ito
AL RECOI	te has been ssit permit.	CERTIFICATION	190 DATE OF OPERAT	ION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?  YES NO		VERE FINDINGS USED NG CAUSES OF DEATH?
OF VIT	s certificate h sourial-transit Mental Hygier		21g. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	AUSE OF DEA			AY YEAR	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJUI	Y IN ITEM IB PART	ORPART 2)
IVISION	ottendin iter this os the bu h and Me	MEDICAL	21d. INJURY OCCURR	ILE 🗍		OF INJURY REET FACTORY OFFICE F	ARM ETC.)	211. LOCATION STREET	CITY OR TO	WN	COUNTY STATE
TENDIN	TOR: At for use of Health	F	sow the decease obove (1) (we) (o	ed alive on	TULY	2 19	JA.	nd that in (our) opinion	death occurred on the do	te and hour a	nd from the couses stoted
A SO PA	y the hos RAL DIREC detached tote Dept.		22b. SIGNATURE	41	2 1/0	Harryo	1		MEDICAL STAP	F IAN 🔲	7/3/86
HOSOH C	O FUNER, hould be a with the Sto		BARRY	TAME I YERE OF	NATH	ANSON		51 FRANKZ	INST. +	LUNAP	MN 21401
p-u	6	73a I	RIDIAL CREMATION	DEAAOVAL	1 226 DATE	1 73, N	JAME OF C	EMETERY OF CREMATORY	234 LOCATION	/	

TO HOSPITAL OR ATTEN BP.

DHMH - 16 50M 4/83 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL BURIAL

23c. NAME OF CEMETERY OR CREMATORY 7-8-1986 HILL CREST CEMETERY
Annapolis, Md. 21401 125a DAT

23d LOCATION

Annapolis Maryland

24 FUNERAL DIRECTOR WILLIAM REESE & SONS MORTUARY, P.A.

23b. DATE

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Committee and the second

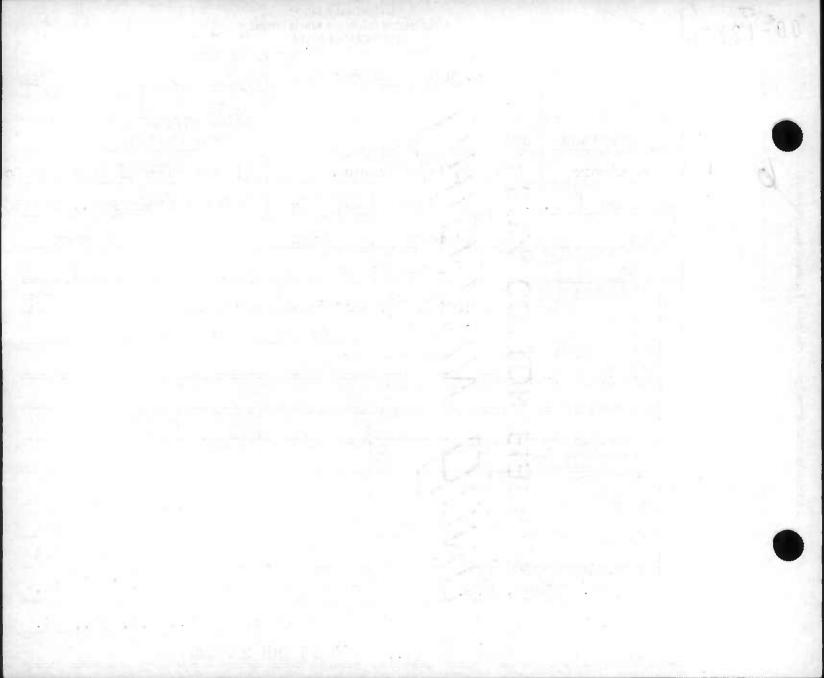
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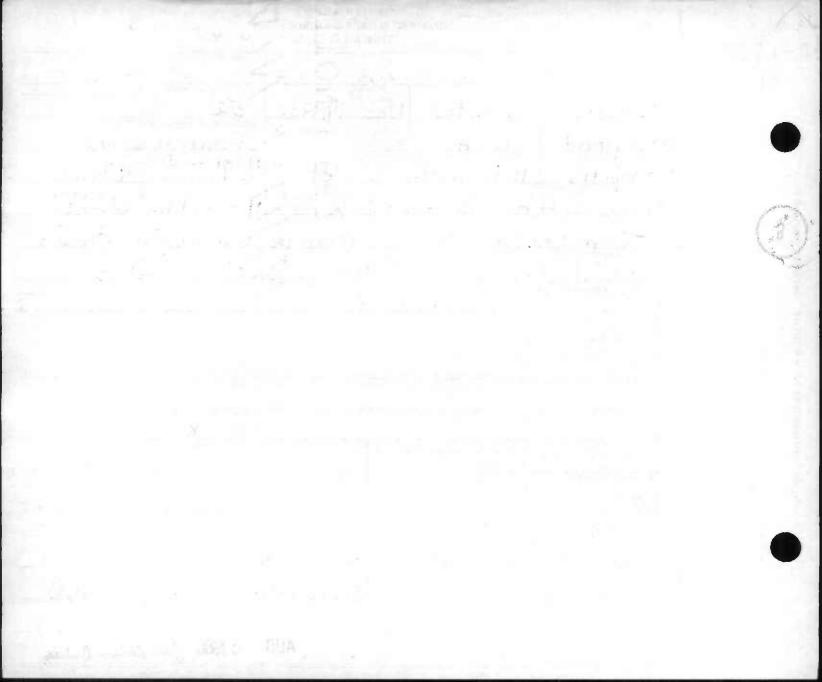
NAME OF THE PART O

INVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201  TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbonopoers. Pages 1 and 8 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, ar removal.  IMPORTANT: If them 21 is marked or Item 18 show, any injury, or other traumatic event, the medical example must be powred at an incomplete.

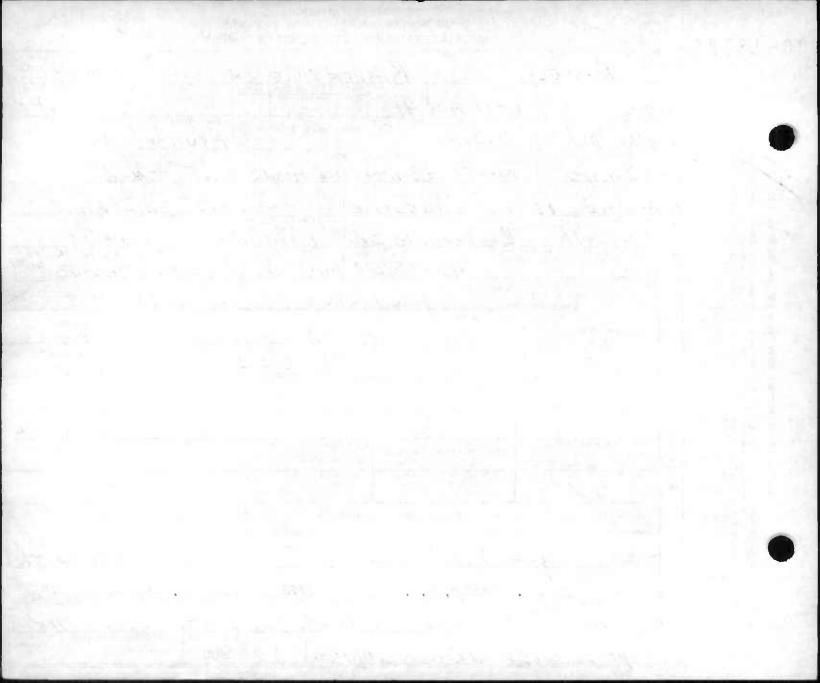
-13730	1 -	FOR STATE REGISTRAR		DEPART	WENT OF H	EALTH AND MENTAL HYG ICATE OF DEATH	IENE S S	1 8	3	3 3
nay be page 3		CEASED NAME FIRST OR PRINT) Hen	ry	August		asi achmann	20 DATE OF DEATH	7 X	YEAR 86	26 HOUR C'/SAM
ector, par	3. SE	Male	4 RACE White		5. DATE C	6/1910 YEAR	6. AGE (IN YEARS LAST BIR			HOURS MIN.
uneral dir hih 72 hau at ahee		Maryland	USA	WHAT COUNTRY?	MARRIE		9 BALTIMORE CITY O Anne	runde	1 Cou	O ITID.
by the f	10 C	Baltimore	5272	Ballma	n Ave	enue.	TYPE OF WORK FOR MOSTO Printer	orema corema on	126 KIND OF INDUSTRY  n Fau	BUSINESS OR Lkner C
filled in multipe	130. S Ma	0		Baltim	N		136.STREET ADDRESS / 5212 Ba	zip code allman	Ave.	, 21225
Section 1		THER'S NAME	WIDDIE	Bachman	n	is. mother's maiden name Nora	WIDDLE		atter	son
icion and co		VAS DECEASED EVER IN U.S. res, no or unknown)   I if yes   NO	ARMED FORCES? GIVE WAR OR DATES)	212-07		ANNA EDNA	BA CHMANN	ss Same		13
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IMH - 16 60M 7/84 (VRA 15, 4)		Burial  NERAL DIRECTOR  CUILLY Fune:	7/28 237 E cal Homo	E. Patan		Hill Cemeter ve 230 DATE JU	ery Balto. EREC'D. BY REGISTRAR L 29 1986	256. REGISTRA	CO.	RE

STATE OF MARYLAND





STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN 7b HOUR (TYPE OR PRINT) OF ESTI-0030 KUYSELL DEATH MATED 20 4 RACE 3 SEX 5. DATE OF BIRTH DATE 1d HOUR LAST BIRTHDAY) MONTHS PRONOUNCED 1520 DEAD 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED [ DIVORCED 126 KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) I (IF YES GIVE WAR OR DATES) CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF cause (a) stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 :0 CERTIFICATION 190 DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E STATE DEPARTMENT OF YES NO M 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 21f LOCATION AT WORK AT WORK STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY TO MEDICAL EXAMINER T EXECUTE THE CERTIFICATE, PAGE A SHOULD BE FORW TO FUNERAL DIRECTOR, PAFER DEATH, WITH THE ST BALIQINOSE MARYLAND 2 220. I certify that I taak charge of the remains described above, held an Autapsy Inspection and in my apinian death resulted fram: Natural causes Suicide Hamicide \_\_\_ Accident Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE MEDICAL EXAMINER James E. Wheeler. M.D. ADDRES 1116 Gumbottom Rd. Crownsville 21032 TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE STATE 07/84 BP 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 17 (VR A15 ME (5))



- STATE

DHMH - 16 50M 1/76 (VR A 15 (4))

COUNTY STATE and that in (my) (our) apinish death occurred on the date and hour and from the course stated 72r DATE SIGNED DIRECTOR | PHYSICIAN [ 236 BURIAL CREMATION REMOVAL 23c NAME OF CEMETERY OR CREMATORY 234 LOCATION 23b DATE COUNTY STATE 7-16-86 Remova] 250 DATE REC'D. BY REGISTRAR 306, REGISTRAR'S SIGNATURE
JUL 24 1986 Julia Davidson-Rand 24 FUNERAL DIRECTOR Anatomy Board Balto., Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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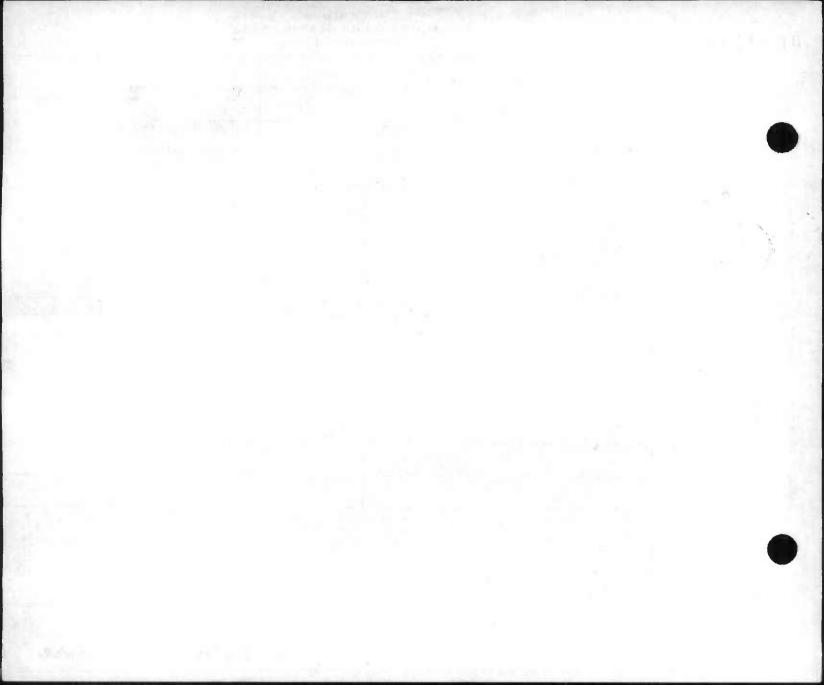
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(VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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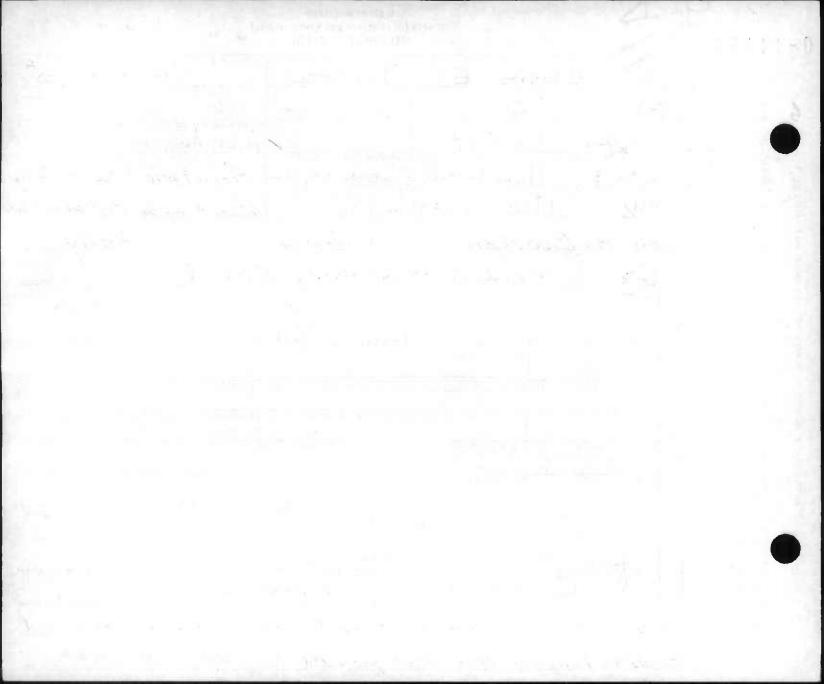
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ge 4 may be erter, page 3 n offer death		YEURGE FERNANCHE 7 17 86 6 5 M
of the board of th	300	75. CITIZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   9. BALTIMORE CITY OR COUNTY OF DEATH   NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION   126. KIND OF BUSINESS OR ILLY OF WORK FOR WOST OF WORKING LIFE)   MODULTRY
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LETIMORE, MA e be executed to cost and temple est. Pages Land		WAS DECEASED EVER IN U.S. ARMED FORCES? I MOWN) I IF YES, GIVE WAR OR DATES)  131-36-3563 Gary G. Blancke-Arlington, VA 22207  18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
ORDS, 201 W. PRESTON ST., B. requires that the death certifical een signed by the otherstains phys. It Then please remove corbon paper to the buriot. Cremation, or remove to the property, or other traumatic event.	MOLL	DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110.
DIVISION OF VITAL REC NO PHYSICIAN: The low artending physician. the bindintent perm the ond Mental Hygiems grant the ond Mental Hygiems grant orkeder tens. It shows or	MEDICAL CERTIFICATION	IN CERTIFYING CAUSES OF DEATH?   YES   NO   YES   NO   YES   NO
ALOR ATTENDS ALOR ATTENDS ALORECTOR, A Selection of the of	N	220.1 certify that (1) (this hospital) attended the deceased from 2 19 that (1) (we) last saw the deceased alive on above, (1) (we) (dig 1) = 51) view the body after death.  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN
O HOSS	23a E	Probert Piern MD  SI Franklin St. Annapolis MI  BURIAL, CREMATION, REMOVAL 236 DATE  SI NAME OF CEMETERY OR CREMATORY  236 DATE RECONS 1256 DATE COOS 1256  UNERAL DIRECTOR  WARME  ADDRESS  226 ADDRESS  227 NAME OF CEMETERY OR CREMATORY  238 DATE REC D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE
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ctor, pag	3. SE	Ň	1. RACE	5. DATE OF BIRTH  MONTH  3 - 98 - 20	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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1345	10.6	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	RSING HOME OR OTHER INSTITUTION TREET ADDRESS)	12a, USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	
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S PHYSICIAN: The Ic intending physicion. or this certificate has the burial-tronsit per and Mental Hygiene ced or Item 18 shows.		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	DEATH HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM	18 PART   OR PART 2)
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OR: A		27a I certify that (I) (the her	on		n death occurred on the date and	hour and from the causes stated
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TO HOSPITAL retained by the TO FUNERAL should be deto with the Spate limpPORTANT.		22d. PHY SICIAN'S NAME (TYPE	EORPRINT) CHUCCI	220 ADDRESS		Mr ZIIII
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funeral di thin /2 ha	М	RTHPLACE (STATE OR FOREIGN COUNTRY)  aryland  ITY OR TOWN OF DEATH	76. CITIZEN OF WHAT  USA		MARRIED WIDOWED			RE CITY OR COUN			MD.
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0 = 0 + 0 +	-	22d PHYSICIAN'S NAME (TYPE O)	A. Od	ente	A W	ATTENDING PHYSICIAN	MEDICAL	STAFF PHYSICIAN	7,	1/9/	86
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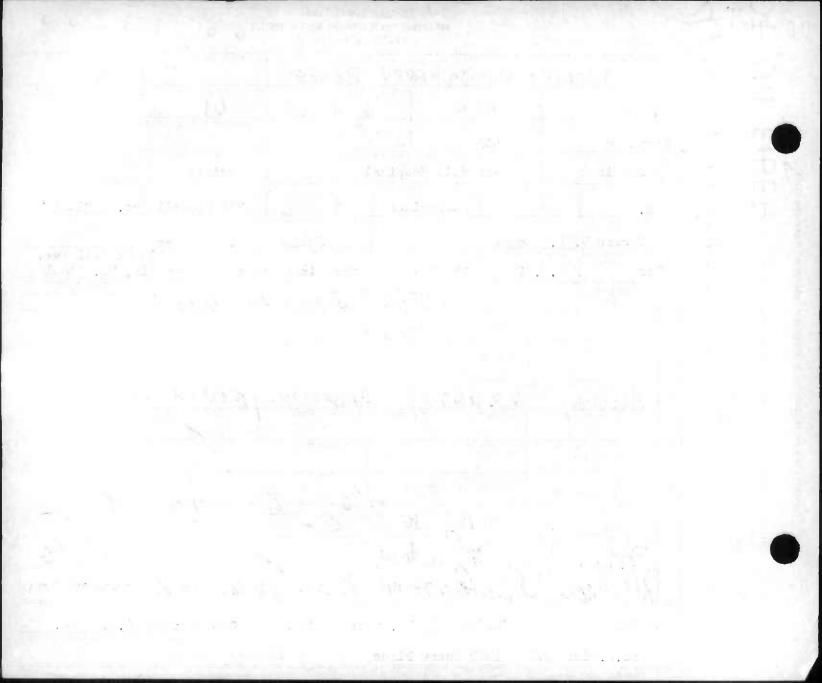
(VRA 15, 4)

74 FUNERAL DIRECTOR
Chas.A.Rice FSPA 1300 Eutaw Place

A.A. Crownsville A.A. Md.

250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

JUL 25 1986 Md. Veteran Cem.



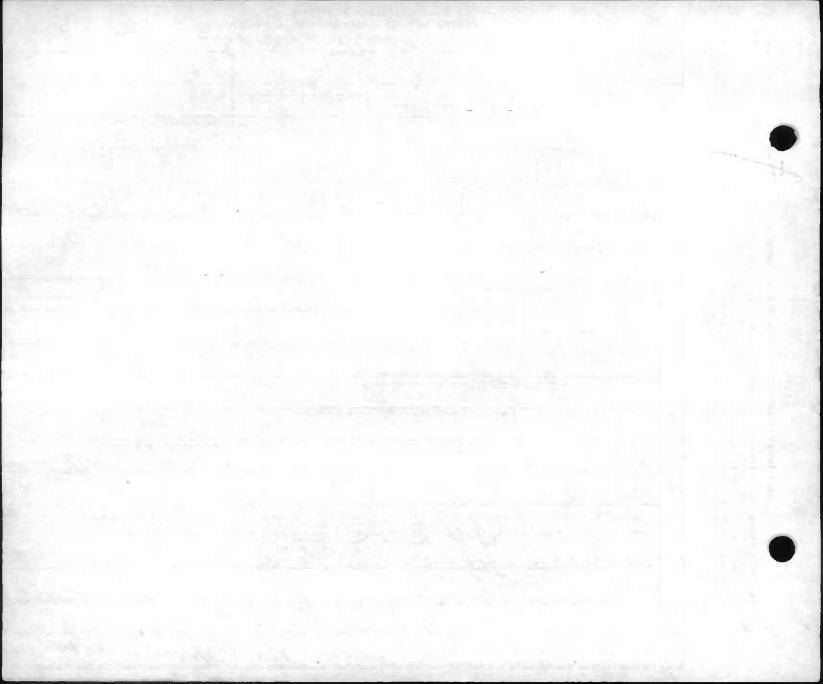
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21101	TO HOSPITAL OR ATENDENG PHYSICIAN. The low requires that the death certificate be exceed within a hours after death. Page	TO FUNERAL DIRECTOR. After this certificate has been signed by the otherwing physician and completely filled in by the funekal directional de detached for use as the burishmant permit. Then please remove corbangopers Pages, seeds thought be filled within 72 hours with the State Dept. of Health and Avental Higherin prior to burish, cremation, or removal.
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					STATE OF MARYLAND		a - z 1
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AL OF the t			/ Milliam	P. Coffee	MD ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	7/24/86
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO. I. DECEASED NAME DATE KNOWN 2h HOUR (TYPE OR PRINT) OF ESTI-BRian DEATH MATED Brown 1986 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. 2d HOUR IF UNDER 24 HRS. DATE LAST BIRTHDAY) PRONOUNCED 11:40 DEAD BLACK 4-11 - 67 19 YRS 1986 b. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED X FOREIGN COUNTRY! MARYLAND USA WIDOWED DIVORCED Anne Arundel County, CITY OR TOWN OF DEATH 12h KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE! Glen Burnie North Arundel Hospital UAL RESIDENCE HE IN NURSING HOME OF OTHER INS 3a. STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS GLEN BURNIE MARYLAND P.O Box 341 MIFATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST LAST Jennings Christina Brown Wayne 168. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 24 HC. JITEM 18. C. NG WITH RO. 16h SOCIAL SECURITY NO. ADDRESS (YES, NO, OR UNKNOWN) I LIF YES, GIVE WAR OR DATES! Wayne Brown P.O. Box 341 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. BEAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALIONG W TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT FRANT. AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DALLIMORE, MARVIGNO, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. PART I DE ATH WAS CAUSED BY Cranio-cerebral Trauma IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES XX NO [ 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR XXXMONTH DAY YEAR UNDERLYING DOR 19 86 operator in motorcycle/auto collision CONTRIBUTING CAUSE OF DEATH 10: 30 PM 21e PLACE OF INJURY (AT HOME. 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE CITY OR TOWN WHILE NOT WHILE Quarterfield & Park West Dr., Glen Burnie, road Anne Arundel Co. Md. Autapsy XX 220. I certify that I took charge of the remains described above, held an Inspection Undetermined manner death resulted am Hamicide Natural causes, TITLE (SPECIFY) Assistant MEDICAL EXAMINER 7-25-86 SIGNATURE FXAMINER'S NAME ADDRESS 111 Penn St., Balto., Md. Dennis F. SMyth, M.D. (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b DATE 134 NAME OF CEMETERY OR CREMATORY 23d. LOCATION BURIAL Maryland National Mem Pk Maryland Laurel 07/84 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE **DHMH - 17** Elizabeth L. Phillips 1721 North Monroe St. ruia Davidson-Mandalle (VR A15 ME (5))



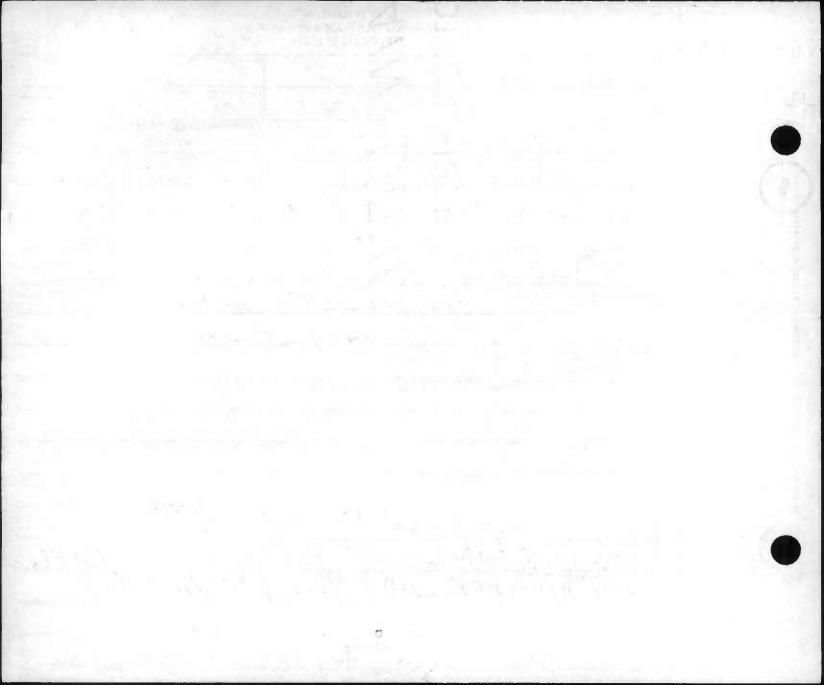
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250. DATE REC'D.

BY REGISTRAR 25% REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

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FOR

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Singleton Funeral Home Glen Burnie, Maryland

MIDDLE

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO 20 DATE OF DEATH MONTH 2b HOUR 1986 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS BALTIMORE CITY OR COUNTY OF DEATH ANNE ARUNDEL 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Westinghouse 13e STREET ADDRESS / ZIP CODE 7639 Marcy Ct. 21061 LAST Krone berger **ADDRESS** Same as 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 21 COUNTY STATE DIRECTOR PHYSICIAN

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO 20 DATE KNOWN I. DECEASED NAME TER DEATH, IF ANY DEM WAS NECESSARY, PLEASE PAGES 1, 2, AND 3 TO THE GUNERAL DIRECTOR. ORM PM. 3. RETAIN PAGE 5, FOR YOUR FILES. S. 1 AND 2 SHOULD'BE FILED, MITHIN 72 HOURS IN OF WALL RECORDS 201 W. PRESTON STREET, TTYPE OR PRINT! ESTI-F. ERNEST BUTKA DEATH MATED 7-26-8619 4. RACE IF UNDER 1 YR. IF UNDER 24 HRS. DATE OF BIRTH 6 AGE (IN YEARS DATE MONTH PRONOUNCED 14 White Male DEAD 7-26-8619 4:150 76 CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X Maryland U.S.A. WIDOWED DIVORCED ANNE ARUNDEL COUNTY CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) North Arundel Hospital Self-Employed Glen Burnie Hair Dresser 30 STATE Glen Burnie 33d. INSIDE CITY LIMITS? 214 Greenway S.E. 21061 Maryland A.A. SIVE PAGES 1, 2, A FATHER'S NAME 15 MOTHER'S MAIDEN NAME Babicky Butka Sr. Josephine Charles 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS 21225 DIVISION YES, NO, OR UNKNOWN Charles J. Butka Jr. 5211 6th St Balto Md UNKNOWN 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18, 1864 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W TO FUNGAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DEATHWORE, MARKDAND, 21201 PRÍOR, TO BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY: Head injury IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditians, if ony, which gave rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c) CERTIFICATION cirrhosis of the liver 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? CHEAD& ABDOMEN YES X 210 EXTERNAL CAUSE WAS TIME OF INILIRY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING TOR
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OR A e ha DIRE ached Dept f hem		27h SIGNATURE	1/	DEGREE	MEDICAL STAFF	THE DATE SIGNED
At the letter T. T.		(///	3/	ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	1119/86
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STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
CERTIFICATE OF DEATH	4

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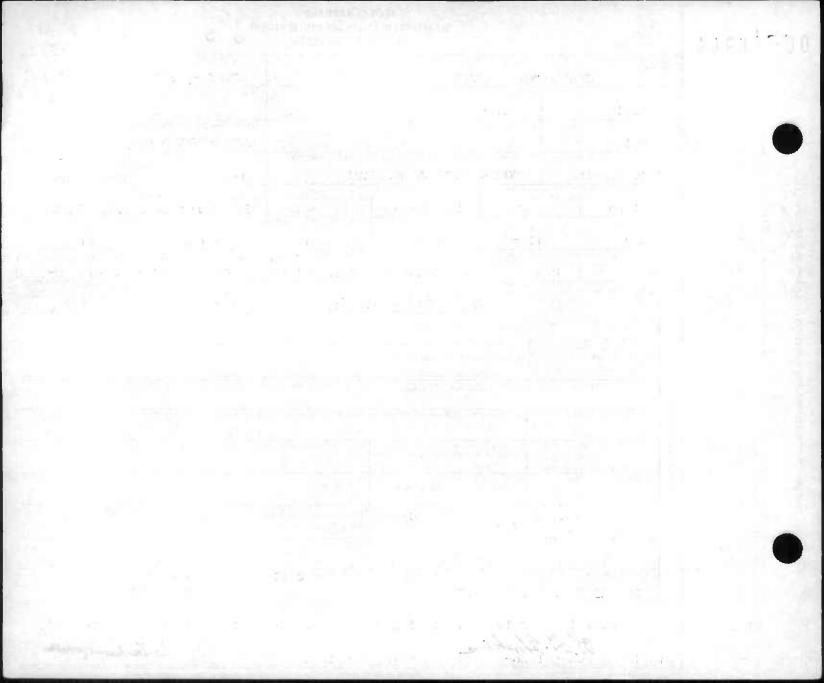
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Singleton Funeral Home

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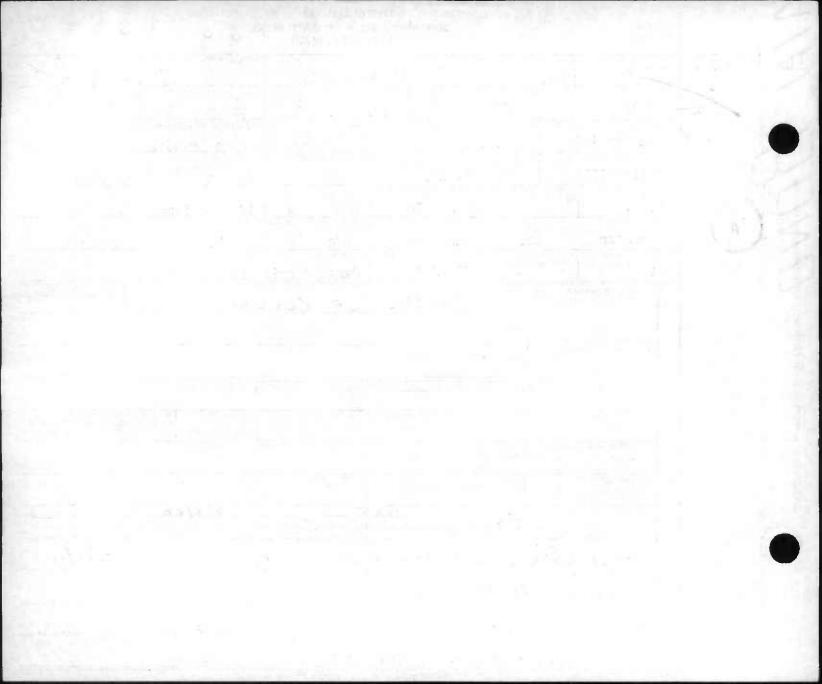
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11-1	by the filed with	7	ITT OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (IF NOT INSUCH FACINITY, GIVE STREET ADDRESS)  (IF NOT INSUCH FACINITY, GIVE STREET ADDRESS)  (IF NOT INSUCH FACINITY, GIVE STREET ADDRESS)
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ECO	bee bee	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
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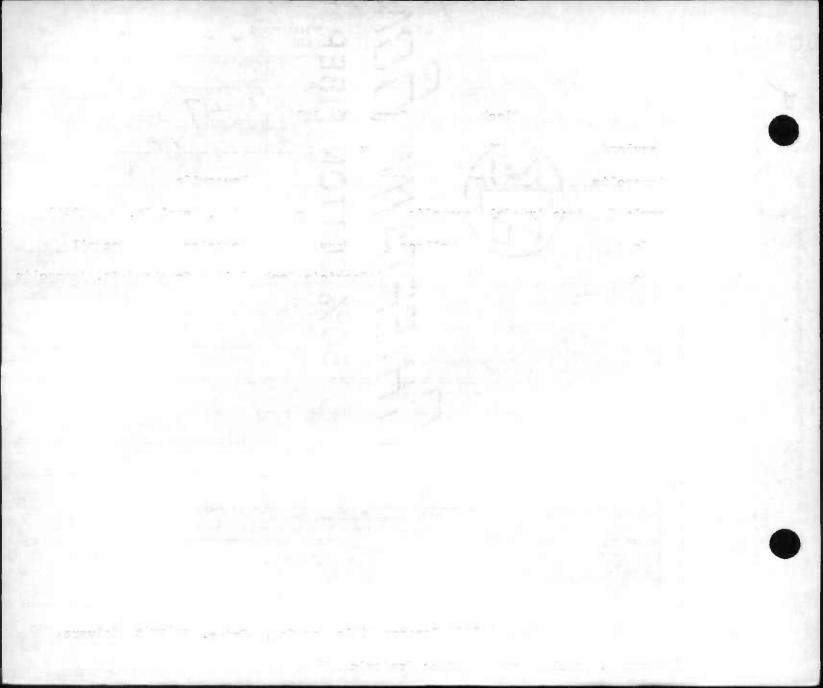
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7	h	I.VA.	,,,,,,	Glen Dale	9	YES NO X	1203 Toli		94	799	
2	A FA	THER'S NAME		1457		15. MOTHER'S MAIDEN NAM	ΛE	110011	-	-	
4	9	Spensor	Lee	Chambers	5	Ada	V MIDDLE		Jone	LAST P.S.	
7		AS DECEASED EVER IN U.S. A			RITY NO.	17 INFORMANT	ADDR	ESS	0011	2.3	
2	n	O (IF YES, C	GIVE WAR OR DATES	235-32-94	171	Janet Norris	same as	11			
1		18 CAUSE OF DEATH (Enter	only one couse t			T TANCE HOLLIS	Same as		APPR	OXIMATE INT	RVAL
		PART I. DEATH WAS CAUS	SED BY:	CANC		OF COL	01		GL I WE	IN ONSET AIN	DUEN
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	Z	PART 2 OTHER SIGNIFICAN	CONDITIONS	CONTRIBUTING TO L	DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR COM	ADITION GIV	EN IN PARI	110	
1	CERTIFICATION	19a, DATE OF OPERATION	19h CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	28s AUTOPSY?	206. IF YES	S, WERE FINI	DINGS US	D
1	FIC				0	The state of the s		IN CERTIF	FYING CAUS	ES OF DEA	TH?
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		OR CONTRIBUTING CAUSE OF			AY YEAR	The riot in sold occount	LED TENTER NATURE OF INT	DK I HALLEW 10 6	THE TON PART 2	.,	
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	MEC	WHILE NOT WHILE		STREET, FACTORY OFFICE, F	ARM, ETC }	STREET	CITY OF T	OWN	COUNTY		STATE
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		STANLEY	10/	TIGINS							
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		James S. Kirkl	av Funa	ral Home	Glan	Rurnio	1 G 9000		1200	-16	
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	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 17201	STENDING PHYSICIAN. The law requires that the death certificate be executed within Q4 boars after death. Page 4 may be	potal or attending physician	TOR. After the certificate has been signed by the offending physician and completely filled state the fugeral director page 3. (C) for use on the bund-frame being them been a simple concompation. Frame Land 3 should be fulled within 20 bours where decart

001	1.	FOR • STATE	D	EPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYO FICATE OF DEATH	GIENE 8 6	1 8	5/3
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dar po	1.5E	F	4 RACE Black	MONT		6 AGE (IN YEARS LAST BIR	MONTHS	YEAR IF UNDER 21 HRS
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og physician bon paper). P removal.		ROUSE OF DEATH (Enter on PART ). DEATH WAS CAUSE IMMEDIAL	ly one couse per line for to DBY:	, (b), andrice	Patricia Coo	k 1912 A C		• Annapolis  PROXIMATE INTERVAL  WEEN ONSET AND DEATH
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Me low in our control of the low in the low in the control of the	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	ON WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, WERE FI IN CERTIFYING CAL YES	
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of the b	MED	21d INJURY OCCURRED  WMILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY	OFFICE, FARM ETC )	21f LOCATION STREET	CITY OR TO		TY STATE
PIRECTOR. /		220-1 certify that (I) (this hospi saw the deceased alive on above (I/(we) (did (did no 22) SIGNATURE	7/28/86	190	nd that in (my) (our) opinion DEGREE		ate and hour ond from	that (i) (we) last the causes stated
FUNERAL OIR DE THE STORE OF THE STORE		22d. PHYSICIAN'S NAME (TYPE O	. 0000000		PHYSICIAN E	MEDICAL STA	IAN []	2/// 4
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	E S	fer o		3. SE		4 RACE		TE OF BIRTH		AGE (IN YEARS L	AST BIRTHDAY)	MONTHS		FUNDER 24 HRS
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RYL	¥	1:	420	91. E	ATHER'S NAME FIRST	WIDDLE	LAST	15. MOTHER'S MA		MID	DIE		LAST	
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BALTIMORE, MARYL	0	Pogmi	2 medical	16a. \	VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G		SOCIAL SECURITY N		s E. I	Moon	DDG1sen 7918	Bur Park	nie, Wes	Md. t Dr.,
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., B	ENDING PHYSICIAN: The low requires that the death certifical or ottending physician.		is marked or them 18 shows any injury, or other traumotic event,	MEDICAL CERTIFICATION	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING ] CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d IN JURY OCCURRED  AT WORK NOT WHILE AT WORK   22a.1 certify that (1) (this hosp	DUE TO, OR AS  (b)  DUE TO, OR AS  (c)  CONDITIONS CONTR  19b CONDITION  ATH HOUR A.M. P.M.  21b PLACE OF IN (AT HOME, STREET, F)	BRONCH  A CONSEQUENCE OF THE PROPERTY OF THE P	BUT NOT RELATED TO  ATION WAS PERFORME  21c HOW INJURY  21l LOCATION  STREET	THE TERMINAL THE T	IL DISEASE OR  200 AUTOPSY?  YES NO  (ENTER NATURE O	20b. IF IN CEF IN TEM	GIVEN IN YES, WER RTIFYING YES [] 18 PART   OI	PART 110 E FINDING: C AUSES OF	STATE
	O HOSPITAL OR ATTEND	TO FUNERAL DIRECTC should be detoched for with the Stote Dept. of	APORTANT: If Item 21		sow the decess of live a obove, (I) (we) (incl.) (did no 27b. SIGNATURE 22d PHYSICIAN'S NAME (TYPE KAMAL, BAT	ot) view the body giter	Odeath. 19 4 6	220 ADDRESS	NDING SICIAN D	AEDICAL IRECTOR PHELLHA	STAFF HYSICIAN []	ROOM	7/L 201	
	77	<u>⊢</u> 50 3	≤ (		BURIAL, CREMATION, REMOVAL			OF CEMETERY OR CREM	"ATOKT	23d LOCATION	WN	COUN	UTY	STATE
	BF		_		Burial	7/9/198	36 Ceda	r Hill Ce	meter		imore		Co.	Md.
		H - 16 60A VRA 15, 4			oneral director cCully Funer	Balto., al Homes	Md 2 237 E.	1225 Patapsco	250. DATE RE	1 0 198	FRAR 256 REG		SIGNATUR	

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21601		TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificials has secured anthring 2 thanks after a may be	retained by the haspital or ottending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the annual physician and completely filled in by the Tuneral director, page 3	should be detached for use as the burial-transit permit. Then please remines control and a should be filed with 72 hours after death with the State Dest of Health and Mental Housen prior to burial, crimately expensed.	IMPORTANT: If them 21 is marked or them 18 shows any injury, or other manners. The medical externment may be a pro-	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

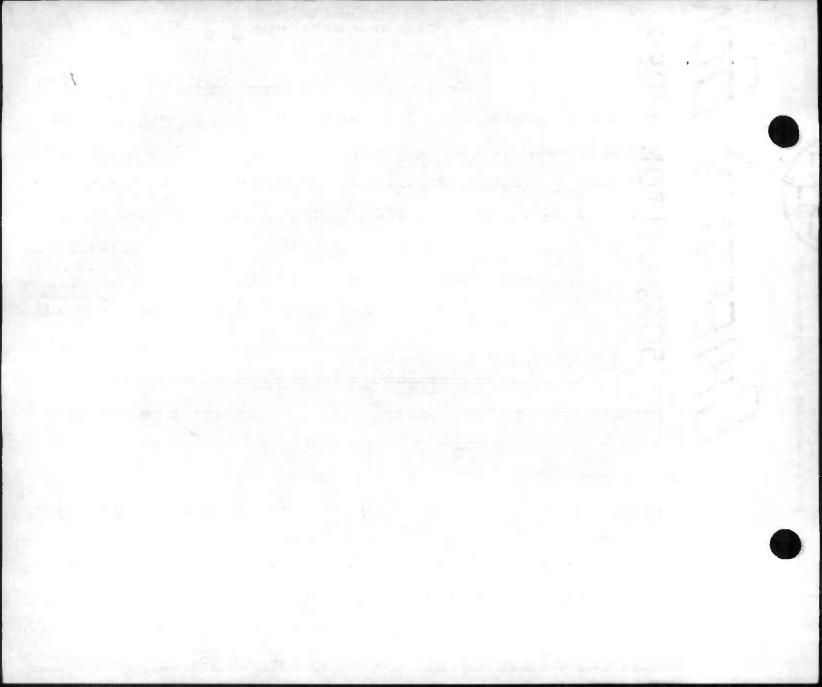
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	1 -	FOR STATE REGISTRAR	DE		EALTH AND MENTAL HY	YGIENE 8 6	8 5	1 3
e		CEASED NAME FIRST	MIDDLE	l	AST	20. DATE OF DEATH MONTH	DAY YEAR 7	Th HOUR
	TYPE	MARGIE	W.	CH	HURCH	July 15,198	36	11:42PM
	3 SEX		4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
П		female	white	MONTH	an. 28, 1915	7.1 YR:		HOURS MIN.
N		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	NTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY OR COUN		
1		North Caroli	na U.S.A.	WIDOWE			del Co.	MD.
9	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	URSING HOME		178 USUAL OCCUPATION	126 KIND OF	BUSINESS OR
2	Δ	Annapolis	Anne Arur		neral Hosp		0	Govt.
7	WSU A	AL RESIDENCE (IF NURSING HOME OR STATE 1136 COUN	OTHER INSTITUTION GIVE RESIDENCE	E BEFORE ADMISSION)	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CO	DDE 1	11/1
		Md. A.		napolis	YES NO X		or. ~/	701
~	14 FA	ATHER'S NAME	MIDDLE LA	st	15 MOTHER'S MAIDEN N	AME MIDDLE	TAST	
2		Frank		tkins	Myrtl		Foste	r
ï		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIA	L SECURITY NO.	17 INFORMANT	721 Sonne	Dn Ann M	d
		no		09-9479	James Ch	urch	Dr. Ann.Fi	u.
		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CON  (b)  DUE TO, OR AS A CON  (c)  ONDITIONS CONTRIBUTION	isequence of	NOT RELATED TO THE TEI	RMINAL DISEASE OR CONDITION	GIVEN IN PART I I a	Z N KN
1	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR V	which operatio	n was performed	200 AUTOPSÝ? YES NO	YES, WERE FINDING RTIFYING CAUSES O YES []	GS USED OF DEATH? NO
2		710 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONT	H DAY YEAR	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEM	IS PART   OR PART 2)	
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M. 21e PLACE OF INJURY	19	21f LOCATION			
	ME	WHILE IN NOT WHILE I	(AT HOME STREET, FACTORY	OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY	STATE
		220.1 certify that (1) this haspi		fram	19 8	6, 10 7/15		(we) lost
		saw the deceased alive on abave (1) (web did) (did no	view the body ofter death.	19.862 . or	nd that in my (aur) apinio	in deoth accurred on the date and l	naur and fram the co	uses stated
		27b. SIGNATURE MAL	1 W Col	lin	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	22c. DATE SI	GNED, 1/86
		ENSER I	W COLE	14	51 FRA		IAPOUS	hel.
	23a. B	BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATOR	CITY OR TOWN	COUNTY	STATE .
		Burial	7-20-86	wood.	lawn Mem.P	11 4111111111		N.C.
Ħ		UNERAL DIRECTOR		DRESS	1 k 2	ATE REC'D. BY REGISTRAR 256 REG		
	_H	ardesty Funeral			Ann. Md.	UL 22 1986 Juna	- wavidson-100	Marie

Hardesty Funeral Home 12 Ridgely Ave. Ann. Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

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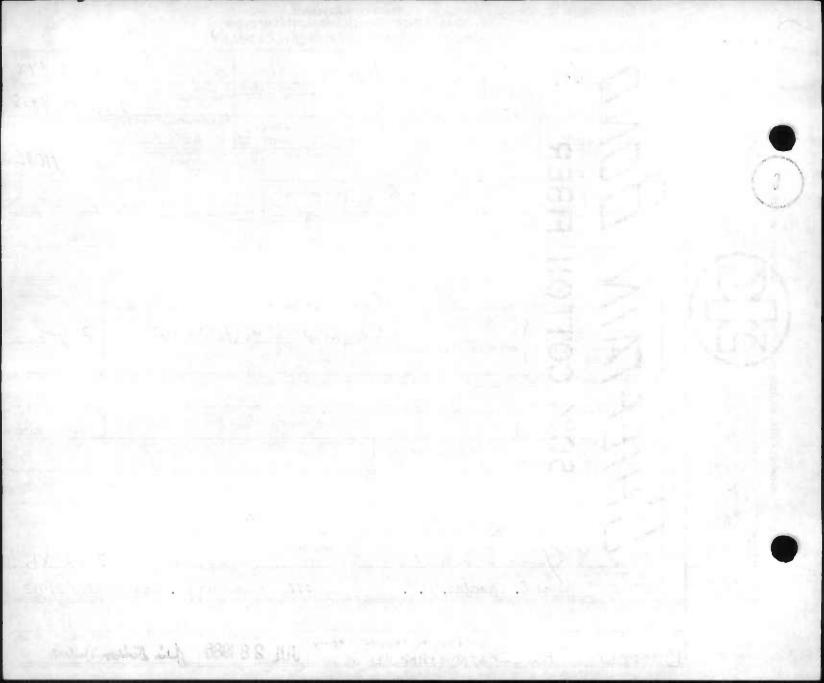
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you poo	3 5	X	RACE S. DATE OF B	IRTH	AGE (IN YEARS LAST BIRTHOAT)	UNDER FYEAR IF UN	DER 24 HRS.
or.			Menth	DAY YEAR	4	MONTHS DAYS HOU	
ge ed		emale	White Duly	12,1898	YRS		
of pod	7a. 8	IRTHPLACE (STATE OR FOREIGN 7	b. CITIZEN OF WHAT COUNTRY? 8	7	BALTIMORE CITY OR COUN	TY OF DEATH	
# 5/2 3	10	COUNTRY)	MARRIED	NEVER MARRIED	0 0	1.1	
de de	1	Jaryland	WIDOWED	-	HUDE HU	mael	MD.
1 13/11	10 0	ITY OR TOWN OF DEATH	<ol> <li>NAME OF HOSPITAL, NURSING HOME OR C (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)</li> </ol>	THER INSTITUTION	12a USUAL OCCUPATION  (TYPEO) WORK FOR MOST OF WORKING	12b. KIND OF BUS	INESS OR
5 72 18		Innapolis F	Inne Arundel Gener	10 Aread Om	Amenaker	111	
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E C Z	14. F	ATHER'S NAME		. MOTHER'S MAIDEN NAM		0	
Day of the Co	f l		IDDLE Q LAST	FIRST	WIDDLE	LAST	
S,	177	WAS DECEASED EVER IN U.S. ARM	TENN	Hary	ADDRESS	Evans	
MORE, e execu	100.		NED FORCES? 166. SOCIAL SECURITY NO. 17	INFORMANT 0	ADDRESS	same a	\$
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ST., BALT rificote by physicio onpopers. eword, the		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one couse per line for (a), (b) and (c), 1 BY:		4	BETWEEN ONSET	AND DEATH
ST.		IMMEDIATE	CAUSE (o)				
or ding			DUE TO, OR AS A CONSEQUENCE OF				
PRESTON he deoth ce the offendin emove corb motian, or r troumotic	1	Conditions, if ony, which	/				
A do to to to to to to		gove rise to immediate	(b)				
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se es		PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	NAL DISEASE OR CONDITION O	SIVEN IN PART 110	
DIVISION OF VITAL RECORDS, 2 NG PHYSICIAN: The low require oftending physicion.  After this certificate has been signi on the north Americal Hygiene prior to burden of the north American Physician propriet of the orther of the north American Physician propriet of the orther orthographs.	Z						
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S bee	7 3	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION W	VASPERFORMED	20a AUTOPSY? ZOB. IF Y	ES, WERE FINDINGS U TIFYING CAUSES OF DI	SED ATH?
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OF VI		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY YEAR				
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TO HOSPITAL OR ATTENDI retoined by the hospitol or TO FUNERAL DIRECTOR: A subuld be detoched for use with the Store Dept: of Heal IMPORTANT: if hem 21 is m	23a.	22d. PHYSICIAN S MAME (1996 ON)	eitélbaum, mo s	ATTENDING PHYSICIAN DIE ADDRESS	Sland Rad 1	THE DAY SIGN	Stoted SY40 E M 10
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0 - 1	14430		CEASED NAME	FIRST		MIDDLE	λ	LAST		20. DATE KNO	OWN MOI	NTH DAY	YEAR	26 HOUR
	SARY, PLEASE AL DIRECTOR. YOUR FILES. IIN 72 HOURS STON STREET,			JOY		В	DAV	NES		DEATH MA	ATED	7 22 1	1861	0400
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BALTIMORE, MD.	DEATH. IF AGES 1, 2, AND 10 OF WITA OF WITA	14. F.	ATHER'S NAME	MIC	DOLE	LAST		15. MOTHE	ER'S MAIDEN N	AME	Ε	L/	AST	
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LIMO	S AFTER DEGIVE PAGES	160.	WAS DECEASED EVER	(IF YES, GIVE WAR C	FORCES? OR DATES)	16b. SOCIAL SE		17. INFORA			ADDRESS	- 2)		
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Ţ.	OUR 18. MIT. E, DI			TH (Enter only one VAS CAUSED BY:	e couse per line	for (0) (b), and (	c). k	0	,		7	BETWI	PROXIMATE EEN ONSET	AND DEATH
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	AMEDIC CUTE SE 4 S FINE TIMO	/	EXAMINER'S NAME	James &	E Whoo	ler, M.D		1	116 Cum	nbottom Ro	1 Chair	navill	10 21	03.2
	TO MEDICAL EXAMINER: T EXECUTE THE CETIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P AFIER DEATH, WITH THE ST BATTIMORE, MARYLAND, 2	230 P	(TYPE OR PRINT)				OF CEMETERY			EDOZATION		- SVL	- 41	0)2
07.0		130.0	Burial		7-25-19		crest (			Annapol:	is A.	A.	Md.	
07/8- 25M		24 F	UNERAL DIRECTOR	1 0		495 Ri				D. BY REGISTRAR				
	DHMH - 17 (VR A15 ME (5))	R	ARRANCO	F.H.		RNA PAR		21146	JUI 2	8 1986	Julia De	iden Pa	adaes	

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moy r poo	3 SEX	(		4 RACE		5. DATE C	OF BIRTH	YEAR	6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
- 1	fe	male		white				3,1918	67	YRS		
11/1/0	7a. BII	THPLACE (STATE OF	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 *** A D D I E		R MARRIED	9 BALTIMORE CITY O	R COUNTY O	FDEATH	
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1	u Ci	TY OR TOWN OF DE	ATH		HOSPITAL, NURSIN	NG HOME C		ISTITUTION	12a USUAL OCCUPATI	ON		F BUSINESS OR
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dec nove		Conditions, if on		(b)								
the rem		couse (a), state	ing the	DUE TO, O	R AS A CONSEQU	ENCE OF						
d by leose iol, cr or oth				( (c)								
d in d	7	7				DEATH BUT	NOT RELAT	ED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 11	
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e bring	CERTIFICATION	19a DATE OF OPERA	AHON	196 COND	ITION FOR WHIGH	FOPERATIO	N WAS PERF	FORMED	20a AUTOPSY?	206 IF YES, Y	NERE FINDIN NG CAUSES	
te hos	THE I								YES NO	YES		NO 🗌
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bur h	MEDICAL	214 INJURY OCCUP	RRED		OF INJURY		21f LOCA		CITY OR TO	WN	COUNTY	STATE
ked	2	WHILE NOT W	HILE DRK	(AT HOME ST	REET, FACTORY, OFFICE,	FARM, ETC.)	5181	rr.	CHTORIO	****		SIAIC
mor mor		0.1 certify that (		ital) attended th	e deceased from	7-	- 2	19 5	£ 10 ~7	-12 19	80	that (1) (we) last
H He		sow the decea	sed alive on	7-12-	-8G 10	, or	nd that in (m	y) (aur) opinion i	deoth occurred on the de	ate and hour o		
o to	,	abave, (1) (we)	(did) (did no	ot) view the body	after death.		DEGREE				Re. DATE	
ote Dep		R	A-	0 5			MD	ATTENDING .	MEDICAL STAI	F	, <u> </u>	14-86
Z -		22d. PHYSICIAN'S N	T	rece	~~		22e ADDR		MEDICAL STAI DIRECTOR PHYSIC	IAN	1	1 34
ould be		77 1			terson		ZIE ADDR		au st			
with the			rt.									
~ ~ 4	23a B	URIAL, CREMATION	, REMOVAL	236 DATE	230	NAME OF C	EMETERY O	RCREMATORY	236 LOCATION			

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

Hardesty Funeral Home

Burial

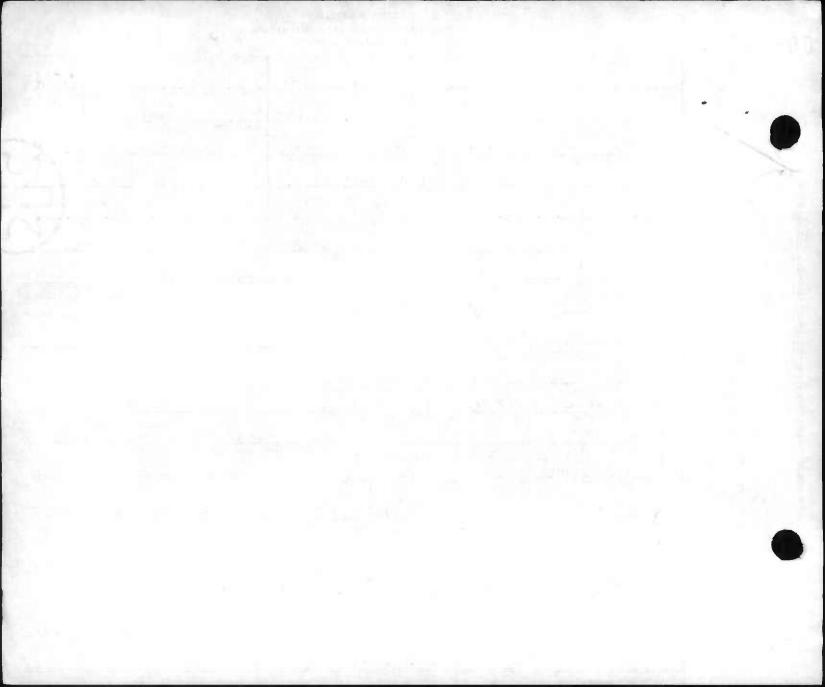
24 FUNERAL DIRECTOR

7/16/86 Riverside Cem
12 Ridgely AVe.

STATE N.C.

M Ashville

250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE Ann.Md. 21401 JUL 15 1986



1 - STATE

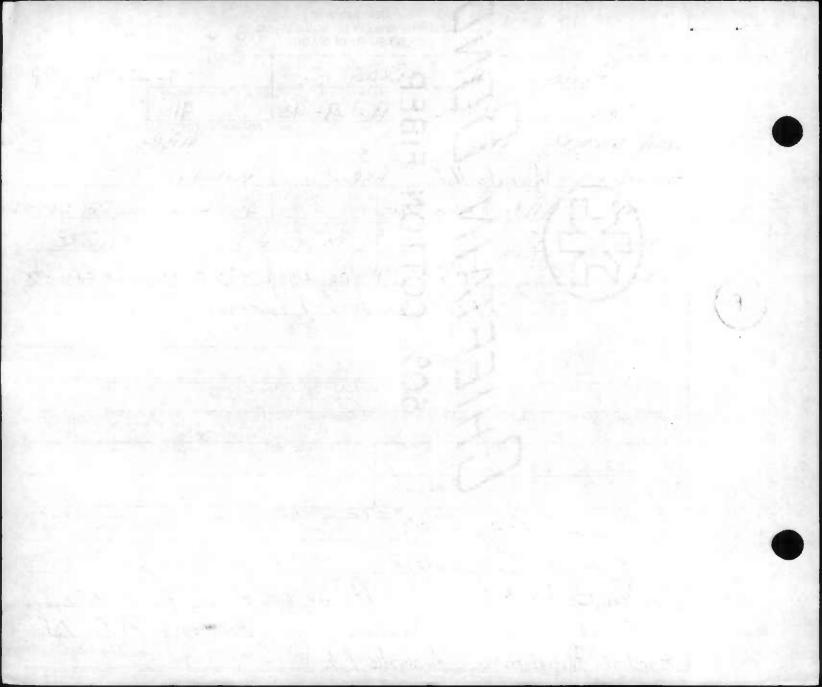
## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

	DECEASED NAMED. FIRST				REG. N			
_	me cramo Acde	E A A.	DE	as Sr.	20 DATE OF DEATH	MONTH DAY	YEAR O	26 HC
3.3	SEX Do /	4. RACE	5. DATE O		6 AGE IN YEARS LAST BI	RIHDAY) IF U	NDER I YEAR	IF UND
16	Male	White	MONTH	1-29-193		YRS MON	THS DAYS	HOURS
1	BRITHPLACE LEATH OF FORM ON	76. CITIZEN OF WHAT COUNTRY	MARRIED	□ NEVER MARRIED □	9 BALTIMORE CITY	AACO	DEATH	
5 10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL NURS	WIDOWED	the same of the sa	12a USUAL OCCUPAT		126 KIND OF	BUSI
CB	sikepank	Annapelis Lurs	ing	CC Home	ITYPOF WORK FOR MOST		INDUSTRY	
	ISUAL RESIDENCE HURSING HOME OF		WN \	134 INSIDE CITY LIMITS?	13e STREET ADDRESS		. 0	
00	FATHER'S NAME	44 co   Ende	COURTE	YES NO NO NA	WE 734 K	OFLOIG	WIX	
40	Thomas	T. DED	10	Wasqas	WIDDLE		QU	299
1 160	WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SEC	CURITY NO.	17 INFORMANT	ADDR	ESS	0	-1
1	No	1311	03-01	to Koy Deal	n 438 K	verview		do
	18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	inly one cause per line for united	face	10			BETWEEN O	NATE INT
No.	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	O DEATH BUT I	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN	IN PART Ita	
THICATIC	IN DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION	I WAS PERFORMED	200 AUTOPSY?	20b IF YES, W IN CERTIFYIN YES	G CAUSES	GS US OF DE
7	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	21b. TIME OF INJURY HOUR A.M. MONTH		WAS PERFORMED	YES NO	IN CERTIFYIN	G CAUSES	GS US OF DE
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DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL OR-



DHMH - 16 60M 7/84

(VRA 15, 4)

24 FUNERAL DIRECTOR

EVANS

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ROBERT

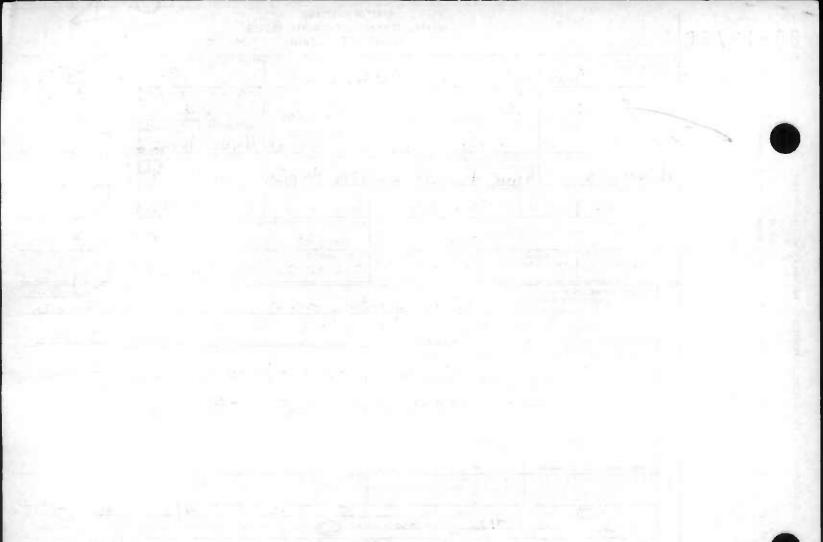
00-12766	1 - FOR STATE REGISTRAR  DEPARTMENT OF HEALTH AND MENTAL HYGIENE S CERTIFICATE OF DEATH  REG. NO.	) 3 8 f
e 4 may be the, page 3 after deoth	EMALE WHITE MONTH DAY YEAR	
er death. Pop	76. BIRTHPLACE (STATE OR FOREIGN VICE ACCUPATION 10 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED NEVER MARRIED NORCED XX NIE ACUNDA 110. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION	126. KIND OF BUSINESS OR
24 hours aft	AUNADOUS  A LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  A LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  A LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS (LIF)  A RTIST DRESS  A RTIS	DESIGNER 20751
TIMORE MARY	JAMES FENN LAST ADELE PRICE  160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 1YES NADPUNKNOWN) (IF YES, GIVE WAR OR DATES) 530-16-7338 CLAIRE D. MCLEAN SAME AS	
1 W. PRESTON ST., BAI that the death certificate by the attending physici ase remove corbanipape of their traumable event, the	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate cause (a), stafting the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  Underlying cause last.  (c)  Chronic mediage.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  5 m. n. to.  2 weaks  2 years
DIVISION OF VITAL RECORDS, 20 NG PRYSICIAN. The law requires saftered or physician.  One this certificate has been signed at the burish transit permit. Then pic the and Melital Hygiene prior to burish and Melital Hygiene prior to burish and or them 18 shows any migrany, or	IN CERTIFY II  YES NO 1  10 ACCIDENT WAS UNDERLYING 1  216. ACCIDENT WAS UNDERLYING 1  216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR  216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN 11EM 18 PART)	NERE FINDINGS USED NG CAUSES OF DEATH?
DIVISION  A) OR ATTENDING PHYS  The heapted or attending  A) DIRECTOR, After this fetached for use as the bur  PDESI of Health and Ma  TI If them 21 is marked or I	P.M.   19   21d INJURY OCCURRED   21e PLACE OF INJURY   21l LOCATION	STATE
TO HOSPITA returned by TO FUNERA would be di with the Sto	22d PHYSICIAN'S NAME (TYPE OR PRINT)  CARGORY S. No. 11 CE (34 Overs) 1/2 Part Wash  236. BURIAL, CREMATION, REMOVAL 23b. DATE JULY 7, 86 NASSAU CEMETERY PORT THE WASHINGTON	

ANNAPOLIS; MP

WEST ST.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

STATE OF MARYLAND



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND TO FUNERAL DIRECTOR should be det with the State Cept of the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR STATE REGISTRAR			HEALTH AND MENTAL HYG FICATE OF DEATH	SIENE 6 1 8	5 8 2
	FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH DAY	YEAR 25 HOUR
(TYPE OR PRINT)	Canor M	MAE D'	llon	JULY 21, 1986	8:45
3. SEX	4 RACE	5. DATE (		6 AGE (IN YEARS LAST BIRTHDAY) IF U	NDER TYEAR IF UNDER 24 HRS.
FEMALE	WHITE	FEB.	10, 1926	60 YRS	HS. DAYS HOURS MIN.
TO BIRTHPLACE (STATE OR FOR	EIGN 76 CITIZEN OF	WHAT COUNTRY? 8	D W NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF	DEATH
MARYLAND	U.S.			ANNE ARUNDEL	MD.
10 CITY OR TOWN OF DEATH MILLERSVILLE	(IF NOT IN SUC	HOSPITAL, NURSING HOME ( THE FACILITY, GIVE STREET ADDRESS)  LVATON ROAD	OR OTHER INSTITUTION	(TYPE OF WORK FOR MOST OF WORKING LIFE)	IZE KIND OF BUSINESS OR INDUSTRY BUS COMPANY
	HOME OR OTHER INSTITUTION,  B. COUNTY  A.A.	GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN MILLERSVILLE	134 INSIDE CITY LIMITS? YES NO K	13e.STREET ADDRESS / ZIP CODE 8383 ELVATON RD.	21108
14. FATHER'S NAME FIRST GEORGE	MIDDLE	CHÂNEY	MYRTLE	MIDDLE	AY
160 WAS DECEASED EVER IN	U.S. ARMED FORCES?  IE YES, GIVE WAR OR DATES)  N/A	214.20.7506	MR. PERRY DI	TTON	ELVATON RD.  JE, MD. 21108  APPROXIMATE INTERVAL  APPROXIMATE INTERVAL  APPROXIMATE INTERVAL  APPROXIMATE INTERVAL
underlying cause  PART 2 OTHER SIGNIF	diate the last.	R AS A CONSEQUENCE OF	T NOT RELATED TO THE TERM	ninal disease or condition given	IN PART Ita
190 DATE OF OPERATION	ON 196 COND	ITION FOR WHICH OPERATIO	DN WAS PERFORMED	200 AUTOPSY? 200 IF YES, WIN CERTIFYIN	ERE FINDINGS USED G CAUSES OF DEATH? NO
OR CONTRACTOR CAL	SE OF DEATH HOUR A.	M. MONTH DAY YEAR		RED (ENTER NATURE OF INJURY IN ITEM 18 PART	ORPART 2)
IF EITHER NOTIFY MEDICAL  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	(AT HOME, STE	REET, FACTORY, OEFICE, FARM, ETC	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
saw the deceased above, (I) (we) (did	nis haspital) attended the alive an3 ) {did not} view the bady	19 86 0		to	
226. SIGNATURE	ot S. Seli	ouidsulo	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	7/21/86
STUUVT	E. SCLONIC	eu, w.o.	51 Fraulli	J	c, Und. 21014
23a BURIAL, CREMATION, RE	MOVAL 236 DATE	23c NAME OF C	CEMETERY OR CREMATORY	23d. LOCATION	OUNTY STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

IMPORTANT: #

BURIAL JULY 25,1986 CEDAR HILL CEMETERY

BROOKLYN

A.A.

SINGLETON FUNERAL HOME GLEN BURNIE, MD. 250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE JUL 2 2 1986 June June don Mandales

200		L ST No.	Hart Land	
			to me	
AND AND AND	THE REAL PROPERTY.		100 mm	
			2 GE 3 - 1	

	STATE OF MAKILAND
	DEPARTMENT OF HEALTH AND MEN
STRAR	CERTIFICATE OF DEAT

AND ADDRESS OF MEASURE AND APPLICAL MYCHAIL	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
CERTIFICATE OF DEATH	1

- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	5 5 0	13
DECEASED NAME FIRST TYPE OR PRINT)  MARGA	MIDDLE E.	DORSEY	7 - 3 - 86	DAY YEAR	26 HOUR
SEX	4. RACE	5. DATE OF BIRTH	6. AGE   IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR	IF UNDER 24 HRS
FE	BIACK	~10 °13 1923	62 YRS	MONTHS DAYS	HOURS MIN.
ACE   STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED XXVER MARRIED UNDOWED DIVORCED	ANNE ARUNDEL C		M

O. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 902 Marl boro Rd.

LOTHIAN

WSUAL RESIDENCE | IF NURSING HOME OR OTHER INSTITUTION. 13d. INSIDE CITY LIMITS?

MARYLAND A.A. 14. FATHER'S NAME

P. MIDDLE

15. MOTHER'S MAIDEN NAME

TYPE OF WORK FOR MOST OF WORKING LIFE

12b. KIND OF BUSINESS OR

INDUSTRY

BUTLER

JOHN

CERTIFICATION

MEDICAL

FOR

160 WAS DECEASED EVER IN U.S ARMED FORCES?

166 SOCIAL SECURITY NO 220-24-1694

WILKERSON

GERTRUDE 17 INFORMANT

Lothian, MdDPR20711 CHARLES DORSEY 902 Marlboro Rd.

MIDDLE

12a USUAL OCCUPATION

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) METAST ATIC BRE AST DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 196. CONDITION FOR WHICH OPERATION WAS PERFORMED

210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	2
71d. INJURY OCCURRED	2

NOT WHILE

19a. DATE OF OPERATION

16. TIME OF INJURY MONTH

IN CERTIFYING CAUSES OF DEATH? NO 21c. HOW INJURY OCCURRED

20a AUTOPSY?

DAY YEAR 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC )

211 LOCATION

20b. IF YES, WERE FINDINGS USED

COUNTY

CITY OR TOWN

saw the deceased alive on 3 - 2 above, (I) (we) (did (did not) liew the bady after death. a, and that in (my) (aur) opinion death accurred an the date and hour and from the couses stated 22c DATE SIGNED

22a 1 certify that (11) (this haspital) attended the deceased from

57 FRANKLIN ST ANNAPOUS Md.

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

BURIAL

23d LOCATION

STATE

the Stote CRIANT

2

24 FUNERAL DIRECTOR

AT WORK

7-9-1986 MOSES CEMETERY Annapolis, Md. 21401

DRIBY 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

WILLIAM REESE & SONS MORTUARY, P

JUL

DHMH - 16 50M 4/83 (VRA 15, 4)

ALCU TO CHARGO

A. A. Manning a title a fitting Kangara

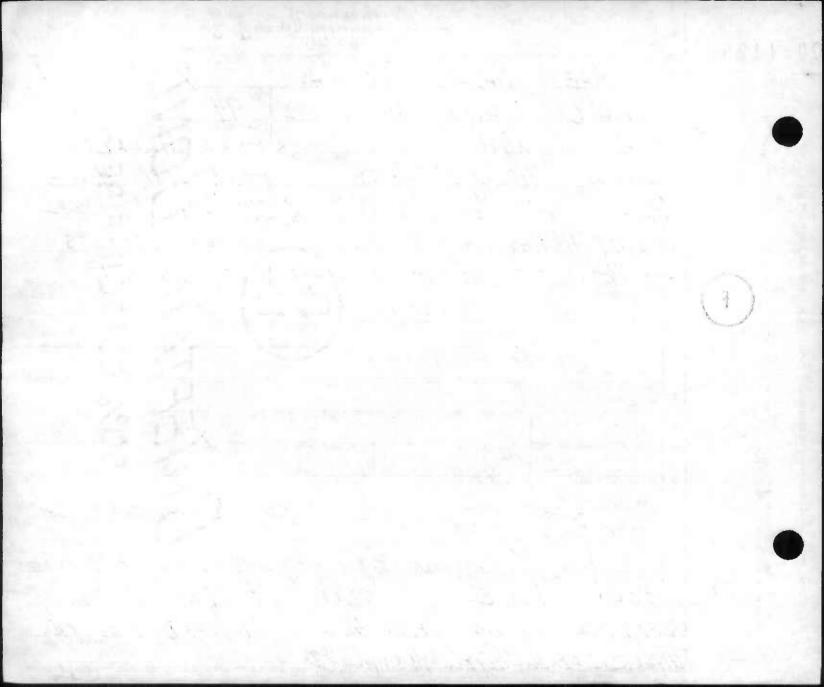
SHOL

. Marie . Mari HOTELEN, M. HETT

. hil oxed free Sto

ALCOHOL BIAL OUT ALA. 905 Lard boxo Hd.

THE BURNESS NAME    IN COLUMN   THE COLUMN	THE COURT OF TOWN OF DEATH  IT NAME OF HOSPITAL, NURSING HOME OF TOWN OF DEATH  IT NAME OF HOSPITAL, NURSING HOME OF TOWN OF DEATH  IT NAME OF HOSPITAL, NURSING HOME OF TOWN OF DEATH  IT NAME OF HOSPITAL, NURSING HOME OF TOWN OF DEATH  IT NAME OF HOSPITAL, NURSING HOME OF TOWN OF DEATH  IT NAME OF HOSPITAL, NURSING HOME OF TOWN OF DEATH  IT NAME OF HOSPITAL, NURSING HOME OF TOWN OF DEATH  IT NAME OF HOSPITAL, NURSING HOME OF TOWN OF DEATH  IT NAME OF HOSPITAL, NURSING HOME OF TOWN OF DEATH  IT NAME OF HOSPITAL, NURSING HOME OF TOWN OF DEATH  IT NAME OF HOSPITAL, NURSING HOME OF TOWN OF DEATH  IT NAME OF HOSPITAL, NURSING HOME OF TOWN OF DEATH  IT NAME OF HOSPITAL, NURSING HOME OF TOWN OF THE RESTRICTION  IT NAME OF HOSPITAL, NURSING HOME OF TOWN OF THE RESTRICTION  IT NAME OF HOSPITAL, NURSING HOME OF TOWN OF THE RESTRICTION  IT NAME OF HOSPITAL, NURSING HOME OF TOWN OF THE RESTRICTION  IT NAME OF HOSPITAL, NURSING HOME OF TOWN OF THE RESTRICTION  IT NAME OF HOSPITAL, NURSING HOME OF TOWN OF THE RESTRICTION  IT NAME OF HOSPITAL, NURSING HOME OF TOWN OF THE RESTRICTION  IT NAME OF HOSPITAL HOME OF TOWN OF THE RESTRICTION  IT NAME OF HOSPITAL HOME OF TOWN OF THE RESTRICTION OF THE RESTRICTION OF THE TERMINAL DISEASE OF CONDITION GIVEN PRIVATE OF THE RESTRICTION OF THE TERMINAL DISEASE OF CONDITION GIVEN PRIVATE OF THE TERMINAL DISEASE OF CONDITION OF THE TERMINAL DISEASE OF CONDITION GIVEN PRIVATE OF THE TERMINAL DISEASE OF CONDITION GIVEN PRIVATE OF THE TERMINAL DISEASE OF CONDITION OF THE TERMINAL DISEASE OF CONDITION OF THE TERMINAL DISEASE OF CONDITION OF THE	1		STATE OF MARYLAND	
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IMPORTANT		Dr. Frank	R. Jackson,			3 Village Gr	reen Crofton,	Maryland 2111	14
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21100	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours other bage 4 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely illigations through the bright permit. Then please remove carbon papers. Pages 1 dnd 2 share for this content of the prior of the prior to burial, cremotion, or removal.	IMPORTANT: If Hem 21 is marked or Hem 18 showyany injury, ar other traumatic event, the medical exeminent

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TTEND pitol a	for use of Heal		22a.   certify that (I) (this has saw the deceased alive a above, (I) (we) (did) (eld in	7/5	19	6.	nd that in (my) (our) opinion o	deoth accurred on the date o	nd hour and from the couses stated
	FUNEKAL DIRECTION of the Stote Dept.  ORTANT: If them		776. SIGNATURE	una	r deom.		DEGREE  ATTENDING PHYSICIAN  1220 ADDRESS	MEDICAL STAFF DIRECTOR   PHYSICIAN	226. DATE SIGNED 7 28 86.
	should be de with the Stote				RAKASI	1,	203 E. Pataps	co Avenue	
10 re 1	£ § <b>≥</b> /		JURIAL, CREMATION, REMOVA	L 236 DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d LOCATION	
BP_			Burial	7/30/86	Lo	udon	Park Cemetery	Baltimore	Maryland
	16 60M 7/B4 A 15, 4)		DINERAL DIRECTOR  Board Funeral			7	1229 25a. DATI	E REC'D. BY REGISTRAR 25h.	

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		ING PHYSICIAN. The law requires that the death certificate be executed within 24 now requires that may be		after this certificate has been signed by the attending physician and completely that in hy the furnish director, page 3	as the burial-transit permit. Then please remove carban popers, Pages? Pages? Pages? Pages? Pages? Pages Pling De thin 72 hours after death	
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201		e executed within		and completely	Pages 1 and 2 st	
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	s be	ony i	CAI	190 DATE OF OPERAT	ION	196 CON	DITION FOR WHICH	OPERATION	WAS PERFO	RMED	20a AUTOPSY?		, WERE FIND	INGS USED S OF DEATH?
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DHMH - 16 50M 4/83

Raymond C. Fink Glen Burnie, Md. 21061 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL

23b. DATE 7/21/86

801 Crain Highway S.E Glen Haven Mem. Park

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	
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B CAUSE OF DEATH letter only one cause per line for (a), (b), and (c)	0	4. FA	FIRST	DUPPEN DUPPEN		EUGENE	WIDDLE			
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  BROCKSCENIC CARCINOMA  7 MONTH  DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART TO  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART TO  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART TO  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART TO  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART TO  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART TO  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART TO  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION CONTRIBUTION GIVEN IN PART TO  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBU			ES, NO OR UNKNOWN) (IF YES, GIVI	W.II 166. SOCIAL SECU					e	
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216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  216. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, FARM, ETC.)  220.1 certify that (1) (this hospital) ottended the deceased from sow the deceased drive on obove, (1) (we) (did) (did not) view the body offer death.  220.1 SIGNATURE  220.1 PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, FARM, ETC.)  220.1 Certify that (1) (this hospital) ottended the deceased from sow the deceased drive on obove, (1) (we) (did) (did not) view the body offer death.  220.1 Certify that (1) (this hospital) ottended the deceased from sow the deceased drive on obove, (1) (we) (did) (did not) view the body offer death.  220.1 Certify that (1) (this hospital) ottended the deceased from sow the deceased drive on obove, (1) (we) (did) (did not) view the body offer death.  220.1 Certify that (1) (this hospital) ottended the deceased from street.  220.1 Certify that (1) (this hospital) ottended the deceased from sow the deceased drive on obove, (1) (we) (did) (did not) view the body offer death.  220.1 Certify that (1) (this hospital) ottended the deceased from street.  220.1 Certify that (1) (this hospital) ottended the deceased from street.  220.1 Certify that (1) (this hospital) ottended the deceased from street.  220.1 Certify that (1) (this hospital) ottended the deceased from street.  220.1 Certify that (1) (this hospital) ottended the deceased from street.  220.1 Certify that (1) (this hospital) ottended the deceased from street.  220.1 Certify that (1) (this hospital) ottended the deceased from street.  220.1 Certify that (1) (this hospital) ottended the deceased from street.  221. Certify that (1) (this hospital) ottended the deceased from street.  222. The street is part to open street.  223. Certify that (1) (this hospital) ottended the deceased from street.  224. DECEASED  225. SIGNATURE  226. ADDRESS  226. ADDRESS  227. NAME OF CEMETERY OF CREMATORY  228. DECEASED  229. DECEASED  221. CERTIFY OF THE STREET TO OPEN STREET.  229. DECE		z	gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT C	(c)		NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN !!	N PART Ita	
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THE WELLHAM AVENUE, ROOM 201  GLEN BURNIE, MARYLAND 21061  236 BURNIE, CREMATION, REMOVAL 236, DATE 7-7-1986  MARYLAND VETERANS CEME. CROWNSVILLE A.A. MAR				tell	Λ	ATTENDING	MEDICAL STA	FF CIAN	7/C	01
236 BURIAL, CREMATION, REMOVAL 236. DATE 7-7-1986 7-7-1986 7-7-1986 236. NAME OF CEMETERY OR CREMATORY 236 LOCATION CITY OR TOWN COUNTY S MARYLAND VETERANS CEME. CROWNSYILLE A.A. MAR	1					14				
24 FUNERAL DIRECTOR ANNAPOLTS MA 21/104 250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURED			URIAL, CREMATION, REMOVAL	236. DATE 23c.		CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	co	VINUY	STATE MARYT.A
WILLIAM BEEGE & CONG MODITIARY DA	34	4 FL	NERAL DIRECTOR AN	NAPOLIS. Md. 214	101	25e DAT	E REC'D BY REGISTRAR	256 REGISTRAR	S SJGNATUR	Prode P

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STATE OF MARYLAND

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28438E	(1)	CEASED NAME ANNIE	DAY	EVANS	20. DATE KNOWN OF ESTI- DEATH MATED	7 /3 1986 A
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W. W	1	AMIES /+L/>	PORCES?   16b SOCIALISECURIT	115 MOTHER'S MAIDEN I	LIZA BETH	Stepney
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TON ST., 124 HOUS LICANG W LICANG W T PERMIT. YGIENE, D		18 CAUSE OF DEATH (Enter only one PART I DEATH WAS CAUSED BY: IMMEDIATE CA	ause per line for (o), (by and (c).)  AUSE (a)  DUE TO, OR AS A CONSEQUENCE	lite Arr	nest.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ED WITHIN PRES ED WITHIN PENCIL IN AMINER . IL. TRANSI WENTAL H	13	Canditions, if any, which gave rise to immediate cause (a) stating the <u>underlying cause</u> last.	(b)	of C. V.	D	70 5
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VITAL REC E SHOULD FOREY ME C CHEF M TOF HEA NT OF HEA I	TIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPER	RATION WAS PERFORMED?		20 AUTOPSY?  YES □ NO □
O FUEDRO	CAL CER	210. EXTERNAL CAUSE WAS  UNDERLYING OR  CONTRIBUTING CAUSE OF DEAT			ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2]
DIVISION THIS CIRTIFIC WRITING TH WARDED TO WARDED TO TATE DEPARTITION	WED	WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
MINER THICATE BE FORV ECTOR: 7 TH THE ST	1	22a. I certify that I took charge of t death resulted from: Natural co	the remoins described obove, held on uses . Accident . Su	Autopsy , Inspection (	☐. Inquiry ☐, an Undetermined manner ☐,	nd in my apinian
WEDICAL EXAMI UTE THE CERTIF E 4 SHOULD BE WINDSE, MARYU		ACTUAL SIGNATURE	in Pgs	M.D. Deputy	_MEDICAL EXAMINER	DATE 516NED 7/13/86
O MEDICA XECUTE TH XXC 4 SH TO FUNERA NEER DEAT	1	EXAMINER'S NAME 11 I P			ca Ort, Davidsonvi	ille, Md. 21035
OZ-MA BP	L	ULIA 7	-17-86 Bre	wer HILL	ANNA POLI	s AMA Md.
DHMH - 17 (VR A15 ME (5))	C	E. Hicks	-ANNAPOLIS	Md, 250. DATE REC	1 6 1 256 REGI	ISTRAR'S SIGNATURE

Merrydul we say I fan a Himsel as a Laborer Massel Hayon 5046, 2 197-56A A 5, 1462 JAMES ALFORT DAY MARY ELIZABETH STEPLEY ZELSHYMAC MODER LESSEN SAMPLESTEE Bro- 11 T-1. 24 howard HILL Annapole A. M. M.

0 - 1	211	7	1-	FOR STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	GIENE 8	6 REG. NO.	8		9 1	
	m £			EASED NAME	FIRST		WIDDIE		AST TO A	20 DATE OF	DEATH MONTH	S DAY	SC.	26 HOUR	5
2	de -	2			ELE		G.		RLEY	4 4 6 5	EARS LAST BIRTHDAY)	15 116	DER I YEAR	IF UNDER 24	OM
7:-	1	/	1. SEX	Female		4 RACE Whi	te	5. DATE (		69	YRS	MONTH		N. O.L. O.L. S. O.	MIN.
2	61 0	-		THPLACE (STATE ORF	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	X1	9 BALTIMO	RE CITY OR COUN		DEATH		
10 de	1	5	C	MD		U	SA	WIDOW	D NEVER MARRIED X	Ann	e Arunde	el C	ount	У	MD.
11	1/2	3		Y OR TOWN OF DEA	TH	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	DR OTHER INSTITUTION	(TYPE OF WORK	CCUPATION FOR MOST OF WORKIN	G LIFE) IN	NDUSTRY	F BUSINESS	
41	27/18	$\sim$		Annapolis			Arundel		<u>Gen. Hosp.</u>	Seci	retary .	- 15	state	of N	ND
12	of by be	5	USUA Ile 5	LERESIDENCE (IF NURS)	13b COUP		13c. CITY OR TOW	N	134 INSIDE CITY LIMITS?	13e.STREET A	ADDRESS / SIP CO	Rd.	rgar	et's,	IVIC
2	22	-	14. F.A	THER'S NAME	<u> </u>	<u> </u>	Airiapo	7113	15 MOTHER'S MAIDEN NA		TVILLVALC	1101	, -	-1101	
3	79.0	1		FIRST		MIDDLE	LAST		FIRST		WIDDLE		LAS	T	
9	Se Cal	1		ugustine		F.	Farley		Jennie		ADDRESS		Sch	erer	
9	P & cop	1		AS DECEASED EVER		MED FORCES?	166 SOCIAL SECU		17 INFORMANT				_		
	00 4	/		No			215 03	0557	Mr. W.E.	Karl	Luebber	s,	Balt	0., 1	MD
death centicate be otherwise and otherwise and physical copies carbon papers. P. arion, or removal freumatic event, the m				Canditions, if any,	AS CAUSE IMMEDIA which nediote	D BY: TE CAUSE (o)  DUE TO, O	Ca cdi R AS A CONSEQUE Septi	ENCE OF					APPROX BETWEEN	imate intervi Onset and de	AL EATH
5	the state			cause (a), stotin underlying couse		DUE TO, O	R AS A CONSEQUE		(facction)			1			
- 6	ple ple			PART 2 OTHER SIGN	HEICANT	ONDITIONS C			NOT RELATED TO THE TERM	AINAL DISEASI	OR CONDITION	GIVEN II	N PART 1	9	
in di	Then to b		Š.			_	ocardial								
Pe line	r permit, iene prior	2	RTIFICATI	190 DATE OF OPERAT	ION				N WAS PERFORMED	200 AUTO				OF DEATH	1?
SCIAN T	richtrans virtal Hyg hem, 18 sh	9	CAL CE	210 ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION	AUSE OF DE	HOUR A	DE INJURY .M. MONTH DA .M.	AY YEAR	216 HOW INJURY OCCUR	RED (ENTER NA	TURE OF INJURY IN ITEM	18 PART I	OR PART 2)		
AG PHYS	her this on the but h and Me		MEDI	21d INJURY OCCURE	ILE 🗍		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC }	211 LOCATION STREET		CITY OR TOWN		COUNTY	STA	ıTĘ.
TEND!	for use of Healt			220.1 certify that (1) saw the decoast abave, (1) (we) (a		and the same of			nd that in (my) aprinion		d on the date and	, 19_		that (1) we couses state	
4.5	37 TO + E					3 (13)							22. DATE	C101150	$\overline{}$

DHMH - 16 60M 7/84

(VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial 7/11/86 <sup>74 FUNERAL DIRECTO®</sup> Henry W. Jenkins Sons Co. 4905 York Road Balto., MD 21212

23b. DATE

Balto., 23c NAME OF CEMETERY OR CREMATORY COUNTY Loudon Park MD

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Annually and the property of t

Augurțina E. Francis . Garnis . Garnis

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 1201	
G	
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed ************************************	
TO FUNERAL DIRECTOR. After this certificate has been signed by the offending physician and completely filled why the lucator page 3	
should be detoched for use as the burial-transit permit. Then please remove corban popers. Pagent and a final date lined within 72 nears ofter death awith the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.	
IMPORTANT: If Item 21 is morked or listing 8 shows ony injury, or other froumoric event, the medicular outline of the dott and	

Ľ	FOR - STATE REGISTRAR			TMENT OF H CERTIF	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENS 6	1 8	3 5	) 2 FDT
	PE OR PRINT)	FIRST	MIDDLE	(.	AST	2a. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
		LAND	MI		IRESS	JULY	000	786	0950 M
3. S	Male	1	RACE Black	5. DATE C	H DAY YEAR	6 AGE (IN YEARS LAST BIR	THDAY) IF U	INDER LYEAR	HOURS MIN.
Da.	BIRTHPLACE (STATE	OR FOREIGN 76	CITIZEN OF WHAT COUNTRY	/? 8	27 35	51 BALTIMORE CITY O	YRS. PRICOUNTY OF	DEATH	
1	Virginia	a	U.S.	WIDOWE	D NEVER MARRIED DIVORCED		ARUNDEL		Y MD
	GLEN BU	DEATH 11	I. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE NOR TH ARTIND F	ET ADDRESS)		120 USUAL OCCUPATI	OF WORKING LIFE)	INDUSTRY	F BUSINESS OR
USI 130.	UAL RESIDENCE (# 1	NURSING HOME OR OT	THER INSTITUTION GIVE RESIDENCE BEFOR	ORE ADMISSION)	13d INSIDE CITY LIMITS?	Attendant	ZIP CODE		tation
18	FATHER'S NAME		rundel Arnol	<u>l</u> d	YES NO 1		rightl	eai D	or. 210
160.	WAS DECEASED EV	VER IN U.S. ARMI	ED FORCES? 166. SOCIAL SEC	CURITY NO.	17 INFORMANT	ADDRE	ESS		
L	(YES, NO OR UNKNOWN)	) [IF YES, GIVE W	231-34	4-3434	Deborah Tu	irgeon - S	Same a		
	PART I. DEATH	EATH (Enter only H WAS CAUSED I IMMEDIATE (	15 426-		- HAEmor	ZRHAGE		APPROXI BETWEEN C	MATE INTERVAL DINSET AND DEATH
NOI	Conditions, if of gove rise to couse (o), strunderlying co	immediate ating the ause lost.	(c)  DUE TO, OR AS A CONSEOU  (c)  DOITIONS CONTRIBUTING TO		NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART No	
CERTIFICATION	190 DATE OF OPE	RATION	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W	ERE FINDIN	OF DEATH?
						YES TO NOT			NO [
A	210. ACCIDENT WAS OR CONTRIBUTING [ [IF EITHER NOTIFY A	CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH (	DAY YEAR	21c HOW INJURY OCCURR	YES NO	YES [		NO 🗆
MEDICAL CERT	OR CONTRIBUTING  [IF EITHER, NOTIFY A  21d. INJURY OCC  WHILE NO	CAUSE OF DEATH	HOUR A.M. MONTH	19	211 LOCATION STREET		YES T		NO
Δ.	OR CONTRIBUTING [   IF EITHER NOTIFY A  21d. INJURY OCC  WHILE NO AT WORK NO AT  220.1 certify that  saw the deci	CAUSE OF DEATH MEDICAL EXAMINER)  URRED  WORK  I (I) (this hospital eosed olive on	HOUR A.M. MONTH (P.M.  21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	19 E, FARM, ETC.)	211 LOCATION SIREET  19 56 and that in (my) (our) apinion of	CITY OR TO	YES [RY IN ITEM 18 PART	COUNTY  COUNTY	STATE who (I) (we) lost couses stated
A	OR CONTRIBUTING (  IF EITHER NOTIFY A  21d. INJURY OCC  WHILE NO AT WORK NO AT WORK A  220.1 certify that  saw the deciphone. (1) (w)  22b. SIGNATURE	CAUSE OF DEATH MEDICAL EXAMINER)  TURRED  TO WHITE  IT WHITE  IT (I) (this hospitol eosed olive on e) (did) (did oot)  TO CAUSE OF DEATH  TO CAUSE	HOUR A.M. MONTH P.M.  21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE  1) oftended the deceosed from 7 - 30  view the body ofter death,	19 E, FARM, ETC.)	211 LOCATION STREET  19 000  nd that in (my) (our) apinion of DEGREE  ATTENDING PHYSICIAN	CITY OR TO  CITY OR TO  To  Teach occurred on the di  MEDICAL STAL  DIRECTOR PHYSIC	YES ERY IN ITEM 18 PART	COUNTY  COUNTY  COUNTY  COUNTY  COUNTY  COUNTY  COUNTY  COUNTY	state  whot (I) (we) lost couses stated SIGNED 3 ~ 186
A	OR CONTRIBUTING (  IF EITHER, NOTIFY A  21d. INJURY OCC  WHILE  WHILE  220. I certify that  sow the deco	CAUSE OF DEATH MEDICAL EXAMINER)  URRED  IT WHITE WORK  I (1) (this hospital eased alive on e) (did) (did eat)  NAME (TYPE OR PI	HOUR A.M. MONTH P.M.  21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE  1) oftended the deceosed from 7 - 30  view the body ofter death,	19 E, FARM, ETC.)	211 LOCATION STREET  211 LOCATION STREET  19 86 nd that in (my) (aur) apinion of the distribution of the d	CITY OR TO  CITY OR TO  To  Teach occurred on the di  MEDICAL STAL  DIRECTOR PHYSIC	YES ERY IN ITEM 18 PART  IWN  30 19- ote ond hour on  FF. IAN 1-  VENUE, 5	COUNTY  COUNTY  COUNTY  22c. DATE S	state  whot (I) (we) lost couses stated SIGNED 3 ~ 186
MEDICAL	OR CONTRIBUTING (  IF EITHER NOTIFY A  21d. INJURY OCC  WHILE NO AT  220.1 certify that  Saw the dece obove, (I) (wi  22b. SIGNATURE  22d. PHYSICIAN'S  HAR SIENELL, CREMATICE	CAUSE OF DEATH MEDICAL EXAMINER)  FURRED  IT WHITE   IT (I) (this hospitol eased olive on  e) (did) (did not) y  TO NAME (TYPE OR PI	HOUR A.M. MONTH P.M.  21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE  1) ottended the deceosed from 7 - 30  view the body ofter death.  RINT)  ODY, M. D.	E, FARM ETC)	211 LOCATION STREET  19 Sb and that in (my) (aur) apinion of DEGREE PHYSICIAN 270. ADDRESS  14	CITY OR TO  CITY OR TO  CITY OR TO  A DIRECTOR DEPTYSIC  WELLHAM AN	YES [ RY IN ITEM 18 PART  INN  30 — 19- ote and hour on  Ff. IAN []  VENUE, S  AND 2106	COUNTY  COUNTY  COUNTY  22c. DATE S	state  whot (I) (we) lost couses stated  SIGNED  3 0 186

AUS 5 888 glas John Rolling

00	-	2	9	9
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or ottending physician.		should be detached for use as the burial-transit permit. Then please remove carbonants. Fages 1 and 2 should be filled within 72 hours after death with the State Deat, of Health and Mental Hyaisne prior to burial, cremation,	IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traum and the medical examiner must be notified at once.

	FOR				OF MARTLA		IFNIF			18 3
1.	STATE REGISTRAR		b	EPARTMENT OF H CERTIF	ICATE OF D		00	. NO.	8 3	EDT
	CEASED NAME	FIRST	MIDDLE	(	AST		20. DATE OF DEAT		DAY YEAR	26 HOUR
{TYP	ANNA		WOOD	FINK			JULY		19, 1986	0750 A
3. SE	х		4. RACE	5. DATE O			6 AGE (IN YEARS LA		IF UNDER I YEAR	
1	FEMALE		CAUCASIAN	MONTH 9	<b>2</b> 8	36	49	YRS	MONTHS DAYS	HOURS MIN.
70. B	IRTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF WHAT CO	UNTRY? 8. MARRIEI		MARRIED -	9. BALTIMORE CIT	Y OR COUN	TY OF DEATH	
	ssachuset	ts	U S,A	WIDOWE		VORCED [	ANNE	ARUNI	DEL COUN	TY MD
10 C	GLEN BURN		11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G			NOITUTION	120 USUAL OCCUI		GLIFE) INDUSTRY	maker
130.		NG HOME OR 13b COUN A			13d. INSIDE C	ITY LIMITS?	13e STREET ADDRE	ss / zip co	Circle	21061
14 F.	ATHER'S NAME				15 MOTHER'S	MAIDEN NAM				
	CHARLES		J. WOC	D D	CHA	RLOTT	E W	l.E	WOOD	S
160	WAS DECEASED EVER		E WAR OR GATEGO				rnie, Mar			
	NO OR UNKNOWN)		265	50 6631	Milto	n W	Fink 547	Muni		
	18 CAUSE OF DEATH	(Enter on	ly one couse per line for to	), [b], ond [c].1		- 6	0.		BETWEEN	XIMATE INTERVAL I ONSET AND DEATH
	gove rise to imm couse (a), stating underlying couse		DUE TO, OR AS A COMPOUND Solete melly tus							
NO	PART 2 OTHER SIGN	wiger	)							
CERTIFICATION	1% DATE OF OPERAT	ION	1% CONDITION FOR	Lair	N WAS PERED	RMED	18 AUTOPSY?	INCER	YES, WERE FINDS RTIFYING CAUSE YES [7]	
CER	21a. ACCEPUS WAS UND	The same	21h TIME OF INJURY	0	TIL HOW IN	JURY OCCURR	ED (ENTERNATURE CF	milities market	18 FART LIGHT FART TO	Aud .
	OR CONTRIBUTING C) C			TH DAT TEAM						
MEDICAL	214 INJURY OCCURR	-	214 PLACE OF INJURY		711 LOCATIO	DN .	curs	of DOWN	COUNTY	100
Σ	ALMON D MONNE	y 🗆	TAT NOWL STREET FALSON	0/		~/	0/	1.0	~/	
	22x I certify that (II	(this hospit	tal attended the deceapy	d you /	-	19 0	10	17	10/16	that (It (we) last
	sow the decease	d alive on	ri view the body of school		d that in (my)	(our) opinion o	leath accurred on H	ne date and h	hour and from the	couses stoted
	77% SIGNATURE		NL	7-2-	DEGREE	er en rouse en e	/	easter &	ZIC DATE	ESIGNED
	) Ce	ey	KIH	47		PHYSICIAN	MEDICAL DIRECTOR   PH	STAFF YSICIAN [		
	224 PHYSICIAN'S NA	MEJIMO	emino /	1	22e ADDRES	/ 0	45 OAKWOO	DD ROAL	D, SUITE	204
	SANG K	. HAN	N. M.D.		G	LEN BUR	NIE, MARY	(LAND :	21061	
23o.	BURIAL, CREMATION,		23b. DATE	23c. NAME OF C	EMETERY OR		23d. LOCATION			
	BURIAL		7/22/86	Meadow	ridge		Elkric	ige Ho	oward	Md STATE
24 F	UNERAL DIRECTOR					25q. DATE	REC'D. BY REGIST	RAR 25b. REG	ISTRAR'S SIGNA	TURE
R	aymond C.	Fin	k Glen Bui	mie Md.	21061	LOOL	7 1 1000	2		3 3a

DHMH - 16 60M 7/84 (VRA 15, 4)

ALP II we exclored the call The state of the s 

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2178	TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hopins retained by the heapinol or otherding physician.	TO FUNERAL DIRECTOR: After the certificate has been signed by the artending physicion and certificate the should be detached for use or the burishtranist permit. Then please remote commissionality. Pages 1 and 2 should be in with the Sites Dept. of Health and Mental Higgines prior to buriol, companies, or remay.
DIVISION OF VITAL	TO HOSPITAL OR ATTENDING PHYSICIAN. The in retained by the hespital or ottending physician.	TO FUNERAL DRECTOR: After this certificate has been signed by the afterding physiological be detached for use as the bundishamist permit. Then please remore consequences with the Street Dept. of Health and Mental Hygers point to buriol, cremothly, or remove the process of the street of the stree

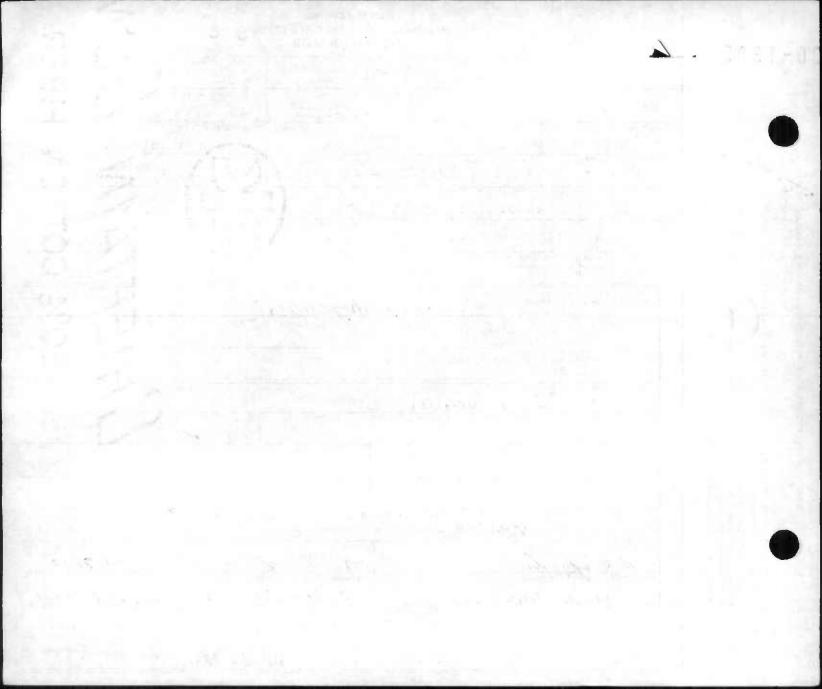
DHMH - 16 60M 7/84 (VRA 15, 4)

	1-	FOR STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH	SIENE & &	REG. NO.	8	5	9 4	
		CEASED NAME OR PRINT) S	usann		AIDOLE	Fink	ale	2a DATE OF D	July 1	8, 1	986	26 HOUR	M
	3 SE)	r Female	1	RACE White	Э	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR MONTHS DATS				HOURS M	RS IN.
		RTHPLACE (STATE OR F COUNTRY) Ohio		USA		WIDOWE		Anne Arundel Co.					MD
f	A	ty or town of DEA nnapolis		Anne	Arundelli	A Gene	eral Hospita	CUPATION OR MOST OF WORKING ISewife	GLIFEI IND	USTRY	BUSINESS ehold		
-	13a S	AL RESIDENCE (# NURS STATE Md	136 COUNT		I3c. CITY OR TOW Annapo	N.	13d. INSIDE CITY LIMITS? YES A NO	121 B	DRESS / ZIP CO	DDE 💉	214	103	
	14 FA	Eugene	Jam	es k	Cerr LAST		Geralden Na		WIDDLE	Jе	ffr	ies	
	16a W	VAS DECEASED EVER		ED FORCES? WAR OR DATES)	217-34-		Norman H.	Finkle	ADDRESS Sa	me a	s #	13	
	N	Canditions, if ony, gave rise to imm couse (o), statin underlying couse  PART 2 OTHER SIGN	which nediote g the last	DUE TO, OI  DUE TO, OI  DUE TO, OI  (c)  DIDITIONS CC		NCE OF	NOT RELATED TO THE TERM	MINAL DISEASE (	DR CONDITION (	GIVEN IN P	PART Ira	12)	
2	CERTIFICATION	19a DATE OF OPERA		413 JR	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOP		YES, WERE		GS USED OF DEATH?	
1	MEDICAL CERT	21a. ACCIDENT WAS UNE OR CONTRIBUTING C ( (IF EITHER NOTIFY MEDIC 21a. INJURY OCCURE	AUSE OF DEAT	P.,	m, month da m,	AY YEAR	216 HOW INJURY OCCUR		-		PART 2]		
	MED	WHILE NOT WHAT WORK	ILE 🗍	21e PLACE (	DE INJURY EET, FACTORY, OFFICE, F		STREET		CITY OR TOWN	COL	UNIY	STATE	
		22a. I certify that (I) sow the deceose abave, (I) (we) (c				or	nd that in (my) (our) opinian	. 10	CTAFF				
		22d. PHYSICIAN'S A		PRINT)	2001		220 ADDRESS 25 Shaw		nagas	11 1	rd	21451	/
	23a B	BURIAL, CREMATION, SPECIEY) Buria	REMOVAL	236. DATE 7-21-	23c N		EMETERY OR CREMATORY est Cem.	23d. LOCATI	on Wolis	ימימ	Co	M d State	_

Hardesty Funeral Home Annapolis, Md

23. DATE REC'D. BY REGISTRAR 23. REGISTRAR'S SIGNATURE

! JUL 22 1986



## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH ZWATER FRMAN 4. RACE 6. AGE (IN YEARS LAST BIRTHDAY) 1.5EX HITE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH HRUNDEL DIVORCED WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) NUAMOUS SAW HILL OPERATOR 30 STATE 136 COUNTY 13e STREET ADDRESS / ZIP CODE 113d INSIDE CITY LIMITS? AND E AUNGE RIVA Meadow Pa 104 NO FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE ZWATER ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? LIF YES, GIVE WAR OR DATEST 18 CAUSE OF DEATH (Enter only one cause per lyge for ia), (b), and ic PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF 71a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21t HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN AT HOME STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE attended the deceased fram. 36 and that in (my) (aur) apinian death accurred an the date and have and from the causes stated saw the deceased alleging above (II) we) (did) (did hat) view the body after death 22b. SIGNATURE DEGREE

DHMH - 16 60M 7/84

CREANT

日本

23r NAME OF CEMETERY OR CREMATORY

DIRECTOR PHYSICIAN

MEDICAL

22c. DATE SIGNED

230 BURIAL CREMATION REMOVAL

23d LOCATION

22e ADDRESS

ATTENDING

PHYSICIAN

YES [

COUNTY

STATE

STATE

2b HOUR

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IF UNDER I YEAR

INDUSTRY

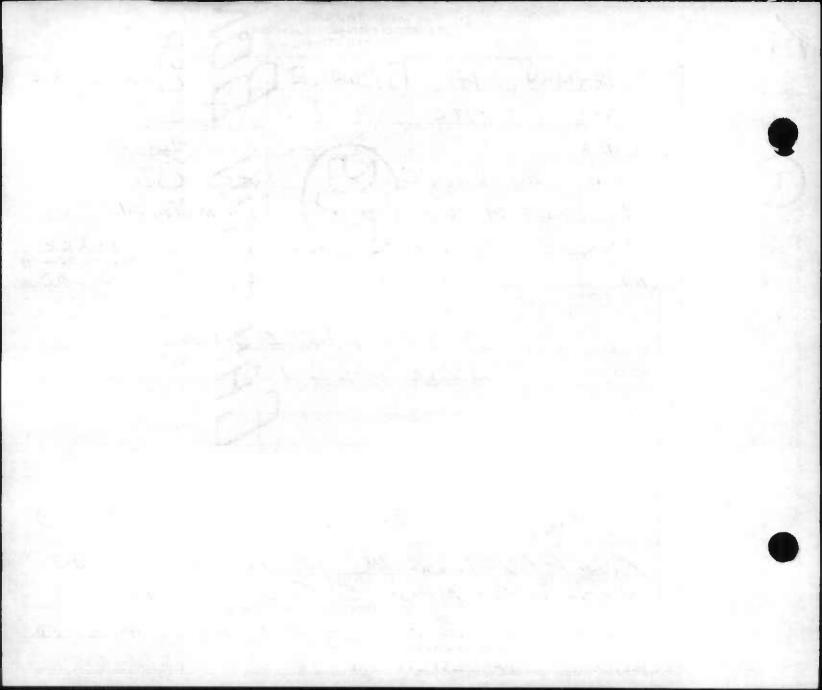
24 FUNERAL DIRECTOR

BARN) ESVILLE

250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

STAFF

(VRA 15, 4)



Balto., Md.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR

NAME

Anatomy Board

DHMH - 16 60M 7/B4

(VRA 15, 4)

STATE OF MARYLAND



	1.	FOR	DEPART	STATE OF MARYL MENT OF HEALTH AND		E O A	1 8	3 9	1
0-13344	[ .	STATE REGISTRAR		CERTIFICATE OF	DEATH	REG. NO	D		» 1
the second		CEASED NAME FIRST	V Herbert	FLuhart	Ly 20	DATE OF DEATH	7 /7	01	35PM
A mon	3. SE.	mair	WHITE	5. DATE OF BIRTH	4 "33 6.1	AGE (IN YEARS LAST BIRTI	HDAY) IF UND	DAYS HOL	INDER 24 HRS URS MIN.
direct doors	7a. B1	RTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COUNTRY?	8	9 1	BALTIMORE CITY OF	R COUNTY OF DI	EATH	
1 15 30	m	laruland	IISA	MARRIED NEVER	MARRIED L	Anne.	Arund	1.01	MD.
111	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE, STREET ADDREAD TO LONG.)	NG HOME OR OTHER INS		USUAL OCCUPATION OF OF WORK FOR MOST OF	F WORKING LIFE)	KIND OF BU	
ND 25 FEET OF THE PARTY OF THE		AL HESIDEN CE HE NURSING HOME O	OR OTHER BUTTINGS ON BUTTINGS OF OR	E ADMISSION)	CITY LIMITS? 130	STREET ADDRESS		20	40
1 1 10	19:1	THER'S NAME	MIDOLE LAST		R'S MAIDEN NAME	MIDDLE	S OCTVO	2 00.11	70
1 1744	1	Elmer	Fluhar	tu E	dna		Ar	nett	-
TIMORE be seek to to bogo to bogo	16a V		ine war or dates)	BITE DOT	rism. F	lubarty	San	13	
ST., BAL rifficate g physical on paper emovol.		PART I. DEATH WAS CAUS		traid aa	Atric o	o tests	1	APPROXIMATE BETWEEN ONSE	INTERVAL AND DEATH
	7	9// IMMEDIA	172 071002 107		21140	200,000			
PRESTON ST he death cert he attending I emove corbor motion, or ret		Conditions, if any, which	DUE TO, OR AS ACONSEQUE	2 and chr	onie ale	coholisu	n		
Ser t		gove rise to immediate couse 101, stating the underlying cause last.	DUE TO, OR AS A CONSEOU	ENCE OF					-1
22 es	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATE	D TO THE TERMINA	AL DISEASE OR COND	)ITION GIVEN IN	PART Ita	
TAL RECORDS, The low requir icion. is permit. Then giene prior to be shows ony injur	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERF		20a AUTOPSY?	20b IF YES, WER IN CERTIFYING YES	CAUSES OF I	
2 2 2 2 2 2 2 8 V		21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D			INJURY OCCURRED	(ENTER NATURE OF INJUR	TY IN ITEM 18 PART 1 O	R PART 2)	
ON OF HYSICIA Ins certifi burial-t I Mental	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED	21e PLACE OF INJURY	19 211 LOCAT	ION				
DIVISIG PHOTO THEN OF After the e as the I alth and morked of	¥	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, I	FARM ETC) STREE	EI Od	CITY OR TOV	NN CC	OUNTY	STATE
N N N N N N N N N N N N N N N N N N N			pitol) attended the deceased from	May	19 86	10 17 pl			(I) (we) lost
DR ATTE hospito pilkECTO hed for hed for teep: of hem 23 teem		sow the deceased alive a above (i) (we) (did) (did a 22b SIGNATURE	and view the body after death.	DEGREE	y) (our opinion deol	th occurred on the do		2c. DAJE SIGN	
		Michael	VSliens	MD	ATTENDING PHYSICIAN D	MEDICAL STAF	:F	7/17/	86
FUN Sed by ATA		220 PHYSICIAN'S NAME ITYPE Michae		1717)	ess Refense th	wy Anna	rolis M.	0 21	401
5 5 5 5 3	23a I	SURIAL CREMATION REMOVA		NAME OF CEMETERY OR		23d LOCATION			
BP	-	Burial	Tuly 19,1986	Lakemon		Davidson	ulle F	B	mb
DHMH - 16 60M 7/84 (VRA 15, 4)	1	JNERAL DIRECTOR	1 CL 1 PARESS	and who	256 DATE RE	C'D. BY REGISTRAR	1	90	de Min
(VKA 15, 4)	14	Alor Labera	1 Chapel-How	rapolls, in	DI OOK	40 800	France David	the state of the s	

1831-0

AMERICAN SERVICE SERVI

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	1-	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYGI	IENE 8 6	0.	8 3	7 0		
8		CEASED NAME FIRST		WIOOFE		AST			DAY YEAR	2b HOUR		
9	(1146	JULIA	I	EWIS		FOOTE		7 22	2 1986		М	
_	3. SEX	x	4 RACE		5 DATE C		6 AGE (IN YEARS LAST BIR		IF UNDER LYEAR	IF UNDER 24 H	HRS	
3	FE	MALE	BLAC	K	10	22 1889	96	YRS	ONIAS, DATS	HOURS N	UPA.	
		RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 AAADDIE	D XX EVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH	OF DEATH		
Ť	VI	RGINIA	U.S.		WIDOWE	D DIVORCED	ANNE AF	RUNDEL	COUNTY		MD.	
K	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATI	ON	12b KIND OI	BUSINESS	OR	
2		NAPOLIS	ANNAP	OLIS CONV	<b>TALES</b>	CENTER						
Ġ	13o. S	AL RESIDENCE (IF NURSING HOME OF BTATE 13b COUR RYLAND A.A.	YTY	13c CITY OR TOW ANN APOLI	N		13 STREET ADDRESS /	ZIP CODE	214	03		
0	14. FA	ATHER'S NAME FIRST JOHN	MIDDLE	LEWIS		15 MOTHER'S MAIDEN NAM	WIDOLE		LEWI			
		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT Crow	nsville, ADM	rvland				
	,	YES NO OR UNKNOWN) (IF YES GIV	AE MAK OK DATES!			MAURICE FOOTE						
1		18 CAUSE OF DEATH (Enter or	nly ane cause per	Me for fail, (b), and	d (CIII	1 11	, ,		APPROXIV BETWEEN C	MATE INTERVAL	ATH	
		18 CAUSE OF DEATH Enter only one cause per life for fat, (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Marchin left cerefinal hemisphere.								2 mos-		
	DUE TO, OR AS A CONSEQUENCE OF											
		Canditions, if any, which	( (b)_									
		gave rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUENCE OF										
	1	underlying couse last.	(c)									
	NO	PART 2 OTHER SIGNIFICANT (	CONDITIONS <u>C</u>	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERMI	inal disease or con	DITION GIVE	N IN PART 110			
200	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	ION FOR WHICH OPERATION WAS PERFORMED			206 IF YES,	, WERE FINDIN	GS USED		
	TIFE						YES NO	1	S 🗆	NO [		
)		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		FINJURY M. MONTH DA	Y YEAR	JIL HOW INJURY OCCURS	ED THER NATURE OF INJU	EY IN ITEM 18 PA	IRT I OR PART 2)			
7	CAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P.	M.	19							
	MEDICAL	21d INJURY OCCURRED	21e PLACE (AT HOME ST	OF INJURY REET, FACTORY OFFICE F.	ARM ETC )	TH LOCATION	CITY OR TO	WN	COUNTY	STATE	E	
		AT WORK AT WORK		<del>,</del>	-	1/2 20	7/	4,	7/			
	=	220 I certify that (1) (this haspi		10.	20	nd that in (my) (our) apinion d	10	<u></u>		hat (I) (we)		
		saw the deceased alive an abave, (1) (we) (slid) (did no 22) SIGNATURE	it) view the bady	after death.		DEGREE	eath occurred an the ac	те ала поог				
		Hilly	nn	h pag		ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC		22c. DATE	SIGNED		
		224 PHYSICIAN'S NAME (TYPE C	OR PRINT)			22e. ADD RESS					3	
	230 P	BURIAL, CREMATION, REMOVAL	23b. DATE	[23c N	NAME OF C	EMETERY OR CREMATORY	234 LOCATION				_	
		RIAL	7-25-			IN MEM. PARK	CITY OR TOWN		COUNTY	STATE	E	
			polis,	Ma. 21401	TI DITU		REC'D. BY REGISTRAR		RARS SIGNATI	Rrylan	nd-	
	WI	LLTAM REESE & S				11	JL 24 1988	Julia	Davidson	Randall		

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL

BP

25 No half-rel ( ) (Livington) 71 - - 1 . 1 . Extra ( ) (Livington) Many and the Cartin

FUNGRAL DIRECTOR

BP

DHMH - 16 50M 7/77 (VR A ) 5 (4))

1 - STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8

250 DATE RECID BY REGISTRAR 250. REGISTRAR'S SIGNATURE

	REGISTRAR	4011	midnie di benin	REG. NO	٥.		
	CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH	MONTH DAY	YEAR 26 HOUR	3,5
(,,,,	Mart	ha F	risch		7-29-	86/10	AM
3 SE	X 4		E OF BIRTH	6 AGE (IN YEARS LAST BIRTE	HDAY) IF UNDE	R 1 YEAR IF UNDER 2	24 HRS
temale		Can.	144 0 5	89	YRS.	OATS HOOKS	MIN
70 B	IRTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY? 8.	RIED NEVER MARRIED	9 BALTIMORE CITY O	COUNTY OF DE	ATH	
ILLINOIS		US A WIDO	Anne Anundel Co. MD.				
10 CITY OR TOWN OF DEATH		. NAME OF HOSPITAL NURSING HOM	E OR OTHER INSTITUTION	12a USUAL OCCUPATION OF OF WORK OF MOST OF		KIND OF BUSINES	55 OR
Millersville		Knollwood Manor Nursing Home   Coil Winder			// / / -	estern He	C
USU 13a. 3	AL RESIDENCE OF NURSING HOME OR OT STATE 136 COUNTY	HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION	113d. INSIDE CITY LIMITS?	13e STREET ADDRESS	in 2	1054	0
	/1d. 11.	10 Gambrills	YES NO	2648 Apr	· Union	Way	
13 F	ATHER'S NAME FRST MID	DLE D LAST /	15 MOTHER'S MAIDEN NAM	ME	V 1	LAST	
	John	Rapozynski	Josephin	e /	1050buc	ki	
160 (	WAS DECEASED EVER IN U.S. ARME YES, NO OYUNKNOWN) (IF YES, GIVE W.		E.T. Reese	Same	as #13		
	)8 CAUSE OF DEATH (Enter only	one couse per line for (o), (b), and (c).				APPROXIMATE INTERVETWEEN ONSET AND D	VAL
NO	PART I. DEATH WAS CAUSED E	Card	use direct	m-			
	IMMEDIATE		- 1 -				
	Conditions, if any, which ( (b) DUE TO, OR AS A CONSEQUENCE OF BEACH DIJ CARE						
	gove rise to immediate couse (a), stating the						
	underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF					
	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERM	INAL DISEASE OR CONE	DITION GIVEN IN F	ART 1(a)	
		Ceremona	ula Olcc	Ident			
CATI	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERAT	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?				
CERTIFICATION				YES NO	YES [	NO [	]
CER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR	PART 2)	-
	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DAY YEAR					
MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	CITY OR TOW	/N COU	NTY STA	176
×	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	SINCE	Chrokiow		314	(IE
	22a.1 certify that (1) (this hospital) attended the deceased from						
	sow the deceased alive on	riew the bady ofter death.	, and that in (my) (our) opinion (	death occurred on the do	ste and hour and fi	om the couses sto	ted
	27k SHOWATURE	/	DEGREE		22	c. DATE SIGNED	
1	UNI	RE MUS	ATTENDING PHYSICIAN	MEDICAL STAF	IAN O	72900	,
	22d. PHYSICIAN'S NAME LTYPE OKPE	RINT)	22e ADDRESS				
3	Van Scot	+ Rhodor M.	n 1667 Cm	ofta Cont	en con	of the N	4
23a.	BURIAL, CREMATION, REMOVAL	23b. DATE 23c NAME O	F CEMETERY OR CREMATORY	23d LOCATION		STAT	76
	SPECIFY R. S.C.	8-2-86 Keen	nection Com.	CITY OR TOWN	COUNTY	"Ilinnis	16

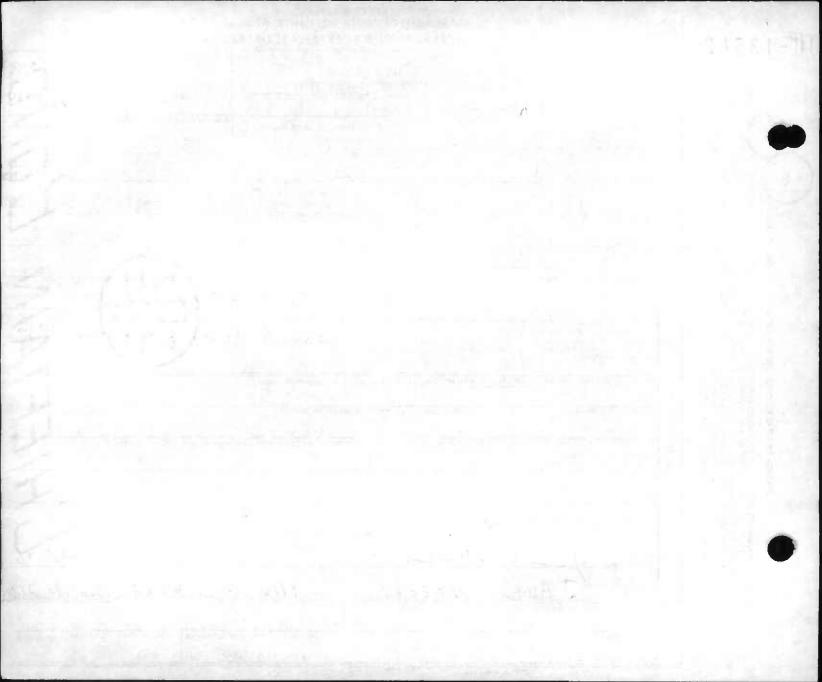
Annapolis, Mid.

ADDRESS

The Market State of the State o Marcalle Melling & March March States The state of the second of the state of the Edit Till Brioscopy Editors Summer 6/3 

DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF 07-18-19860106 Fuhrman Maudie Bates DEATH MATED SEX 4 RACE DATE OF BIRTH 6. AGE, (IN YEARS | IF UNDER 1 YR. IF LINDER 24 HRS. 2d HOUR DATE LAST BIRTHDAY) PRONOUNCED 0430 1986 Caucasion 9-12-1897 89 YRS DEAD Female To BIRTHPLACE (STATE OF 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Anne Arundel County U.S.A. WIDOWED T DIVORCED Nebraska O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OWIShoma Employee Meridian Nursing Home Severna Park State Highw ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 1136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS NO K 1517 Briarcliff Rd. Co. Arnold A.A. Maryland 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME PIRST MIDDLE MIDDLE Best Luther Levi Bates Margaret 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. ADDRESS 40 Walden Woods (YES, NO, OR UNKNOWN) LIE YES GIVE WAR OR DATES! 308-20-9561 Don A. Robertson no Jackson Mi 49201 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditians, if ony, which gave rise to immediate cause (a) stating the under-DUF TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in WRITING THE WORD "PEN WARDED TO THE CHIEF MA PACE 3 SHOULD BE USED A FATE DEPARTMENT OF HEA 21201 PRIOR TO BURJAN, CI 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NO [ 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 71d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION STREET, FACTORY, FARM FTC ) STREET CITY OF TOWN COUNTY STATE WHILE WHILE NOT WHILE ULD BE FORD Inspection 34 220. I certify that I took charge of the remains described above, held an Autopsy and in my opinion Hamicide \_\_\_ death resulted fram: Notural causes Undetermined manner TITLE (SPECIFY) PAGE 4 SHOUN TO FUNERAL D AFTER DEATH, BALLIMORE, M. ACTUAL SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Grapoton Rd Counsule 21 (TYPE OR PRINT) 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL Westview Crematory 7-19-1986 Cremation Westview. 07/84 MD 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 501 Richie Hwy. **DHMH - 17** Barranco F.H. (VR A15 ME (5))

STATE OF MARYLAND



STATE OF MARYLAND

Pagalit chicagina call 23 1240 h ac Anna Armadel Courty ASU years to their Anne Arundel General Rospinal - Word Process Open Marie 1 or Nest X 1549 Farlow Avenue 21114 notical decimal same casagast Entered to the market 150-30-5114 Martin J. Gallagher Trofton, MD 21114

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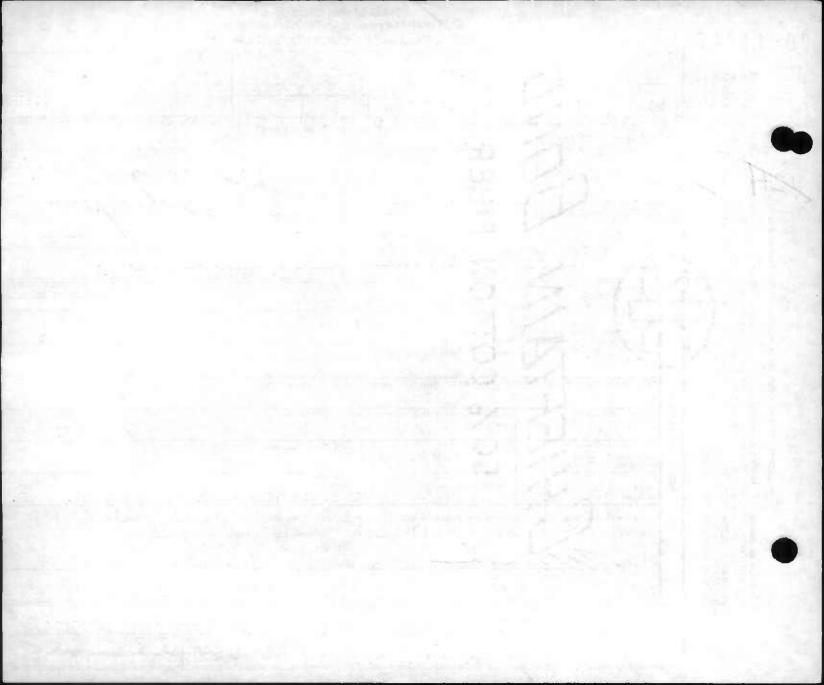
in. Stanley F. Watkins, M. L. | 51 Franklin Street Amagolia, Mi 21401

Section of the Post Ball Fundral Hove Bowie, ME 20725-3049

11720	FOR STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE O REG. NO.	8 0 0 Z
11120	1. DECEASED NAME FIRST WILLIA	M R OWE	GARDNER, JR.	JULY JULY	6, 1986 1220 P
ge 4 may ector, po	Male Male	4. RACE White	March 27, 1919	6 AGE   IN YEARS LAST BIRTHDAY]	IF UNDER TYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
1 mon 25	HIRTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland	76 CITIZEN OF WHAT COUNT USA	RY? 8 MARRIED W NEVER MARRIED  WIDOWED DIVORCED	9 BALTIMORE CITY OF COUNT ANNE ARUN	DEL COUNTY
5H 5H	GLEN BURNIE		RSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING I Long Shoreman	IZE KIND OF BUSINESS OR INDUSTRISTEAM Shir
in 24 hour			own 13d. INSIDE CITY LIMITS? urnie YES □ NO 🖫	130 STREET ADDRESS / ZIP COL 932 Andrews I	
100	I4. FATHER'S NAME FIRST William		15. MOTHER'S MAIDEN NA FIRST ner, Sr, Edith	WIDDLE	Haddaway
Poges		GIVE WAR OR DATES)	(1)	Mife) ADDRESS B. Gardner Sam	ne As 13
that the death certificate by the attending physicis as remainer, cortion papers. It cremaines. In other traumatic event, the	PART I. DEATH WAS CAU	anly ane cause per line for (a), (b) SED BY:  IATE CAUSE (a) Mem  DUE TO, OR AS A CONSE  (b) DUE TO, OR AS A CONSE	ingeal Carcinoma	toris	APPROXIMATE INTERVAL BETWEEN ONSE AND DEATH 2 Weeks 6 months
MAN: The law requires to physician disconer has been signed reaming permit. Then pile all hyggiene prior to barrior and signey, or with signey any injury, or	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WH	TO DEATH BUT NOT RELATED TO THE TERM  ICH OPERATION WAS PERFORMED  DAY YEAR 216 HOW INJURY OCCUR	20a AUTOPSY? 20b. IF YI	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? (ES \( \) NO \( \)
DNG PH7SIC or attending to After this cert is the bipsical solith and Ment marked or hen	If EITHER NOTHY MEDICAL EXAMI  21d. INJURY OCCURRED  NOT WHITE  AT WORK  220.1 certify that (1) (this ha	P.M.  21e PLACE OF INJURY    IAT HOME, STREET, FACTORY, OFF	6	city or town	COUNTY STATE
OSPITAL OR ATTEN and by the hospital FUNERAL DIRECTOR, and he debuched for with the State Dept. of He ORTANT, if hem 21 is	saw the deceased alive abave, (1) (we) (did) (did 22b. SIGNATURE	on not) view the body ofter dwork.	9 6 , and that in (my) (our) opinion  DEGREE  ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN OF STAFF OAKWOOD ROLL STAFF OAKWOOD R	22c DATE SIGNED 7-6-86
BP	230. BURIAL, CREMATION, REMOV Burial 24 FUNERAL DIRECTOR		Glen Haven Mem. Park	23d. LOCATION CITY OF TOWN	COUNTY STATE A A CO. Md.
DHMH - 16 60M 7/84 (VRA 15, 4)	Singleton Fune	ral Home Glen		UL 8 - 1986	STRAR S SIGNATURE

A Local Commence of the Section of t Service of the servic See 325 agranded as

00.1107.7	1-	FOR STATE			STA DEPARTMENT OF DICAL EXAMIN	HEALT		bet .	6	1 8	6 0	3
00-11041		REGISTRAR ECEASED NAME	FIRST	ME	MIDDLE	VER 3	LAST	0. 00,	DATE KNOWN	NO.	DAY YEA	R Zh HOUR
201 oc vi 32 +-	(T)	YPE OR PRINT)	James	(	NMI)	C	erard		OF ESTI-	_	7 619 8	
PRE	3. SE	X 4.1		DATE OF BIRTH	6 AGE (IN Y	EARS IF U	NDER 1 YR. IF UND	DER 24 HRS 2c	DATE	MONTH		AR 2d HOUR
SAS SAS	I	Male N	White	2 15,	1947 39	YRS.	THS DAYS HOURS	MIN PRO	DEAD DEAD	7	7 19 8	1:15
ASSESS AS		BIRTHPLACE (STATE	OR I	b. CITIZEN OF W	HAT COUNTRY?	8 MARI	RIED INEVERMA	RRIED 9 E	BALTIMORE CIT	Y OR COUN	TY OF DEATH	
S S S S S S S S S S S S S S S S S S S	Ba	altimore,				WIDO	WED DIVO	RCED	Anne Ar			
	10	Pasadena Pasadena		413 S	SPITAL, NURSING HOMACHITY, GIVE STREET ADDRESS)  S. Caroline	Aver		FOR MOS	OCCUPATION TOF WORKING LIFE)		Direc	BUSINESS Eronics Egr.
A STATE OF THE STA	3a.	AL RESIDENCE (# 11 STATE Maryland	13b. COUNTY Anne A		13c. CITY OR TOWN Pasadena	SION)	138 INSIDE CITY LIMITS	13e STREET				
RE MO.	7	Sammie		MIDDLE	Gerard	, ·	15. MOTHER'S MA	IDEN NAME	MIDDLE		Epper	
SAFTER DE GIVE PAGES 1 INH FOR INTERIOR	160	WAS DECEASED ET	VER IN U.S. ARME	D FORCES?	16b. SOCIAL SECURI		17 INFORMANT		ADDR	ESS		
S AFI SIVE SIVE TH F PAGE VISIC		Yes	Vietn	am	212/46/665 for (a), (b), and (c).)	58	Brenda C	. Gerard	l (same	as 13	e.)	
N. RECORDS, 201 W. PRESTON ST., BALTIMA ULD BE EXECUTED WITHIN 24 HOURS AFTER "PENDING" IN PENCIL IN ITEM 1B. GIVE PA EF MEDICAL EXAMINER ALONG WITH FOR SED AS A BURIAL - TRANSIT PREMIT. PAGES 1 + HEALTH AND MENTAL HYGIENE, DIVISION AL, CREMATION, OR REMOVAL.	z	gave rise couse (o) sta lying cause l	2.1%	(b)	R AS A CONSEQUENCE  R AS A CONSEQUENCE  BUT NOT RELATED TO THE TER	OF	SE DR CONDITION GIYEN IP	N PART 1 (0)				M. M.
VITAL RECOL	CERTIFICATION	190. DATE OF OF	PERATION	19b. CONDI	TION FOR WHICH OPE	RATIONV	VAS PERFORMED?				20 AUTOPS	
DIVISION OF VITAL RE RE, THIS CERTIFICATE SHOULD ATE, WRITING THE WORD "PER ORWARDED TO THE CHIEF M RE: PAGE 3 SHOULD BE USED A RE: STATE DEPARTMENT OF HEA JD, 21201 PRIOR TO BURIAL, C	7 3	21d. INJURY OCC	MOR □ CAUSE OF DE	ATH ? P.M	A. MONTH DAY YEA A. 7 6 19 8 OF INJURY (ATHOME, TORY, FARM, ETC.)	711 LC	self inf	licted	TY OR TOWN	cc	OUNTY	STATE
MEDICAL EXAMINI CUTE THE CERTIFIC EF A SHOULD BE F FUNERAL DIRECTO ER DEATH, WITH TIP LINORE, MARYLAN		220 I certify the death resulted for actual SIGNATURE EXAMINER'S NA	ram: Natural	couses [],	ane, M.D.		OSY X, Inspec Homicide TITLE (SPECIFY) A.DASSISTAT	Undeterm	ined manner	ond in my on DATE SIGN	E 7/7/	
TO TO AFT	23a.l	BURIAL, CREMATIO			23c. NAME OF CE			23d. LOCA CITY OR 10	OWN	COL	UNITY	STATE
07/84 BP		Burial FUNERAL DIRECTO		/10/1986	Sacred	Hea	rt of Jes	us Balt	cistran 175h R	Maryla	and 212	24
DHMH - 17 (VR A15 ME (5))		NAME		dlev Inc		/d. 2	1222	JL 91	986	Loud	TOTAL ONE	BL.



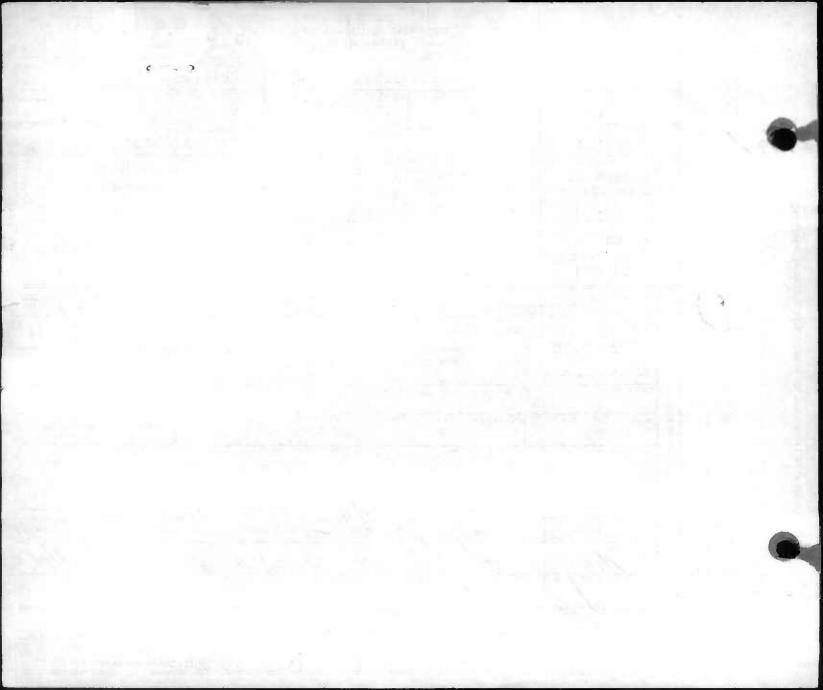
STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8
LAST	2n DA1

FOR 1 - STATE REGISTRAR	DEPART	MENT OF H	EALTH AND MENTAL HYGI ICATE OF DEATH	ENE 8 6	1 8	0 (	) 4
1. DECEASED NAME FIRST (TYPE OR PRINT) Marca	aret Elizabeth	n Gihs	asi	July 2	5. 1986	YEAR 2	h HOUR
3. SEX	4 RACE	S. DATE O		6 AGE (IN YEARS LAST BIT		ER I YEAR	M IF UNDER 24 HRS
Female	White	MONTH.	-23-1907EAR	78	YRS	DAYS	HOURS MIN.
70 BIRTHPLACE (STATE OR FOREIGN Maryland	76 CITIZEN OF WHAT COUNTRY	MARRIED WIDOWE	NEVER MARRIED '	Anne A	rundel		MD
Annapolis	Anne Arunde I	ING HOME O		170 USUAL OCCUPAT		KIND OF	business or hold
OSUAL RESIDENCE (IF NURSING HOME OR 130. STATE Md. 136 COUR	ROTHER INSTITUTION GIVE RESIDENCE BEFORE  TO . 134 CITY OR TOV  Harwoo	RE ADMISSIONI	13d INSIDE CITY LIMITS? YES NO 🗓	13e.SJREET ADDRESS 4536 OW	eWsV11f	e Su	dley F
Thomas	MDE. O, NEI	11	Agnes	MIDDLE .	M	layñe	W
160 WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SEC VE WAR OR DATES) 218-28		William G	ibson	Harwoo	d, M	d.
	DUE TO, OR AS A CONSEQUENCE (b)  DUE TO, OR AS A CONSEQUENCE (c)  CONDITIONS CONTRIBUTING TO	DEATH BUT		NAL DISEASE OR CON	206 IF YES, WER	RE FINDING	SS USED
190 DATE OF OPERATION			21c. HOW INJURY OCCURR	YES NO	IN CERTIFYING YES	CAUSES	NO [
OR COLUMNIC CHIEF OF DE	HOUR A.M. MONTH	DAY YEAR	ZIE HOW INJOK! OCCUR	ED (ENTER NATURE OF INSE	JRY IN ITEM 18 PART I O	R PART 2)	
4 CAUSE OF DEA	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE	FARM ETC )	ZH LOCATION STREET	CITY OR TO	OWN CO	DUNIY	STATE
22a I certify that (I) (thus hopped)	Tol) attended the deceased from 22 19 19 19 19 19 19 19 19 19 19 19 19 19	86 on	d that in (murrour) apinion d DEGREE ATTENDING PHYSICIAN 72e ADDRESS	, to	FF	from the cg	ocali (we) lost poses stoted CNED
230 BURIAL, CREMATION, REMOVAL (SPECIFY)  Burial			emetery or Crematory adv of Sorre	23d LOCATION CITY OF TOWN	River A		Md.
24 FUNERAL DIRECTOR	neral Home ADDRESS		25a DATE		Julia war	SIGNATUI	RE

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

IMPORTANT: If Hem 21 is marked at Hem 18 sth ws any injury, at other trau



the transfer of the first transfer of the second transfer of the sec Company of the company of the same of a facility of the The Contract of and during the Cardine Hores 13000 HARMAN (Melien 1 Jane Depoly و برود و المراجع و المراجع الم

## DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial should be detached for use as the burial-transit permit. Then please remove carbampapets, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the haspital or attending physician.

FOR STATE REGISTRAR

## / STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

86 18606

- 1	REGIOTRAR	*			REG. NO	J. 1		
	DECEASED NAME FIRST (TYPE OR PRINT) MILTON	EUGENE	GRA:	XST Y	JULY		1986	0827 AV
3	3. SEX	4 RACE	5. DATE O		6. AGE (IN YEARS LAST BIR	IHDAY) IF UN	DER 1 YEAR	IF UNDER 24 HRS
	Male	White	MONTH	16 21	64	YRS.	DAYS	HOURS MIN.
	To. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUNT USA	RY? 8	NEVER MARRIED	9 BALTIMORE CITY O ANNE	R COUNTY OF I		ry MD
	O CITY OR TOWN OF DEATH  GLEN BURNIE	11. NAME OF HOSPITAL, NU	RSING HOME O	R OTHER INSTITUTION	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O Truck Driv	F WORKING LIFE) 1	NDUSTRY	F BUSINESS OR CO Arundel
5	USUAL RESIDENCE (IF NURSING HOME OF 130 STATE 133. COU	NTY 13t. CITY OR 1		13d. INSIDE CITY LIMITS? YES \( \text{NO } \( \overline{	13. STREET ADDRESS 1029 Bell	ZIP CODE Ave. 2	1061	
0	4 FATHER'S NAME	E. Gray		Sarah	WIDOLE	. J	ohn so	'n
1	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN)  VOC	RMED FORCES? 166 SOCIALS VE WAR OR DATES) 231-12	2-1404	17 INFORMANT . Elizabeth E.	Gray 1029	SSGlen B Bell Av	urnie e. 2I	061 061
ſ	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	inly one cause per line for (0), (b ED BY ATE CAUSE (0)	DIORE	SPINATOR	Y ARRE	37	APPROXI BETWEEN C	MATE INTERVAL DNSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse [0], stating the underlying couse last.	DUE TO, OR AS A CONSE	BRAL	HEMORI	CHAGE			
		CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN I	N PART 110	)
7	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WE	HICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING	CAUSES	
-4	0.0000000000000000000000000000000000000	HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I	OR PART 2)	
	OR CONTRIBUTING LAUSE OF DI  (IF EITHER, NOTIFY MEDICAL EXAMIN  21d INJURY OCCURRED  WHILE AT WORK  AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC )	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
	sow the deceased alive a	oital) ottended the deceased from	om Ca	nd that in (my) (our) apinion (	death occurred on the d	ate and hour and		that (It (we) last couses stated
	22b. SIGNATURE	Murdy	/		MEDICAL STA	IAN 🗌	DATE 7	17/86
/	22d. PHYSICIAN'S NAME (TYPE SURYA P. )	MUNDRA, M.D.			03 E. PATAP RE, MARYLAN			
2	23a. BURIAL, CREMATION, REMOVA			EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN		WNIA -	STATE
	Burial	7/18/86		ir Memorial	Belair	Harf		Md
	Puneral director  Name  Duda-Ruck Funera		MD 21 se Ave.	222 Z50. DAT	E REC'D. BY REGISTRAR		SSIGNAT	URE

DHMH - 16 60M 7/84 (VRA 15, 4) 186000 CONTROL DESCRIPTION OF THE CONTROL PROC The Charles and Size

6	1 -	FOR STATE REGISTRAR			DEPARTN	NENT OF I	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	GIENES 6	18	6 (	7
		CEASED NAME	FIRST		WIDDLE	174	IASI	20 DATE OF DEATH MO	NTH DAY	YEAR	25 HOUR
1		BEATRIC	E BER	THA GRE	EN			July 10	1986		7:10
Ì	3 SEX	(		RACE			OF BIRTH	6. AGE   IN YEARS LAST BIRTHD	AY) IF UI	HS DAYS	IF UNDER 24 HI
١	F	emale		White		May	40 0000	83	YRS	DATS	HOURS MI
ĺ	7a 811	RTHPLACE (STATE ORE	OREIGN 7	b. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF	DEATH	
l	Oh			US	A	WIDOW		ANNE ARUND	EL COU	NTY	
ľ	10 CI	TY OR TOWN OF DEA	TH			G HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATION			F BUSINESS
	E	dgewater			t Living		Center	General Acc			ov't
ĺ	13a S	AL RESIDENCE IN NURS	136 COUN		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / Z	IP CODE	21.	4×2
		aryland	A.A.		Annapoli	.s	YES NO	200 Box Wood	Ct.	01	700
ı	14 FA	THER'S NAME		NDDLE	LAST		15 MOTHER'S MAIDEN NA	WE		LAST	
		eter Pl St					Mary Willia				
I		VAS DECEASED EVER		WAR OR DATES)	166 SOCIAL SECU	RITY NO.	17 INFORMANT	13001 J		Dr	다
		No	N	/A	281-14-2	2103	James R. Gr	reen Washing			
		Conditions, if ony, gave rise to imm couse (a), statin underlying couse	nediote g the	10.	R AS A CONSEQUE	NCE OF	DEMENTIA			10.	DAYS Enls
	NOI	PART 2 OTHER SIGN	NIFICANT C	ONDITIONS C	ontributing to d	EATH BUT	T NOT RELATED TO THE TERM	AINAL DISEASE OR CONDIT	ION GIVEN	IN PART 110	
	CERTIFICATION	19a DATE OF OPERA	TIÓN	196 COND	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED		N CERTIFYIN YES	G CAUSES	
l		OR CONTRIBUTING (IF EITHER NOTIFY MEDI	AUSE OF DEAT		OF INJURY .M. MONTH DA .M.	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY I	NITEM 18 PART	OR PART 2)	
	MEDICAL	21d INJURY OCCUR!	RED	21e PLACE			211 LOCATION STREET	CITY OR TOWN		COUNTY	STATE
I		220 I certify that (1)	this hospit	6-	29 198	6.0	5/2/a, 19/8/a and that in (my) (our) opinion	death accurred on the date	ond hour on	d from the	that (1) (we)
		obove (1) we) (c 226. SIGNAFORE	tial faid upl	Sylva the body		25.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	и	7/1	SIGNED 1/86
1		22d PHYSICIAN'S NO ROPERT	S C		DEN,	1.0	22e ADDRESS	s Av. W. Anna		Mary	land
7	220 0	ILIDIAL CREMATION	DEMOVAL	Tash DATE	122. 5	IAME OF	CEASTERY OR CREAT ATORY	1234 LOCATION			

Wash. Nat'l

Wasii. Nat'l Suitland, Maryland P.G.

1. FUNERAL DIRECTOR
Lee Tuneral Home Inc. 6633 Old Alexander Ferry
Road Clinton, Md. 20735

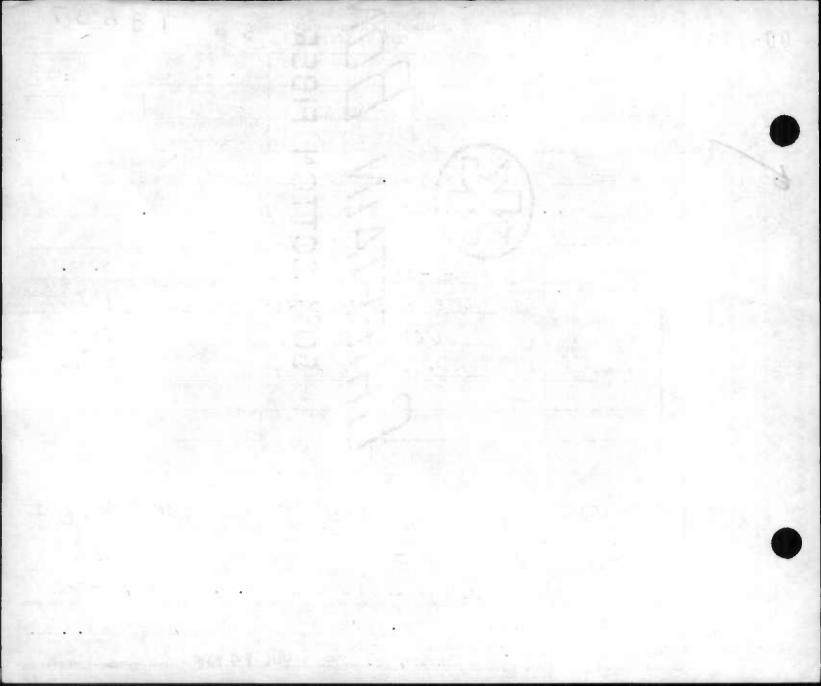
Vasii. Nat'l Suitland, Maryland P.G.

1. Suitland, Maryland P.G.

1.

Burial

7/14/86



24 FUNERAL DIRECTOR

Chas.A.Rice FSPA

DHMH - 16 60M 7/84

(VRA 15. 4)

1 - STATE REGISTRAR DECEASED NAME

CYCH. CAPENT

PACST

DEPARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH	IENS 6	18608
MIDDLE C	reen	20 DATE OF DEATH	1-29-86 1/ P M
S. DATE O		6 AGE (IN YEARS LAST BIRTI	MONTHS DAYS HOURS MIN.
WHAT COUNTRY?   8.   MARRIEL   WIDOWE		PALTIMORE CITY OF	COUNTY OF DEATH  SUNDEZ CO MD.
	ral HOSP	12a USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF House Wif	WORKING LIFE) INDUSTRY
GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN Annapolis	13d INSIDE CITY LIMITS? YES # NO _		ZIP CODE adison St. 21403
ins	15. MOTHER'S MAIDEN NAM FIRST Viola	MIDDLE	Wiggins
16b. SOCIAL SECURITY NO. 244-42-2416	17. INFORMANT Frank Green	1185 B-1 Ma	dison St .21403
Reformal, (b), and colon	y failur	R	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
R AS A CONSEQUENCE OF		Size	
RASIA CONSEQUENCE OF	· cystili	2	an an Marine
ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN IN PART 11a
ITION FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
of Injury M. Month Day Year M. 19	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	Y IN IIEM 18 PART I OR PART 2)
OF INJURY REET, FACTORY OFFICE, FARM ETC.)	21f. LOCATION STREET	CITY OR TOV	VN COUNTY STATE

		20.00	YES NOTE	IN CERTIFYING CAUSES OF DEATH?  YES NO
71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCURRED	ENTER NATURE OF INJUR	Y IN IIEM 18 PART   OR PART 2)
21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOW	VN COUNTY STATE
220.1 certify that (I) (this hospital) saw the deceased alive on obove. (I) (we) olid) (did not) v  22b. SIGN a Obe	ewathe body after d ath.	19	, toath occurred an the da	. 19, that (I) (we) te and have and from the causes stated

22e ADDRESS

~

23c. NAME OF CEMETERY OR CREMATORY
Hill Crest

ATTENDING PHYSICIAN

Z3d LOCATION
Annapolis

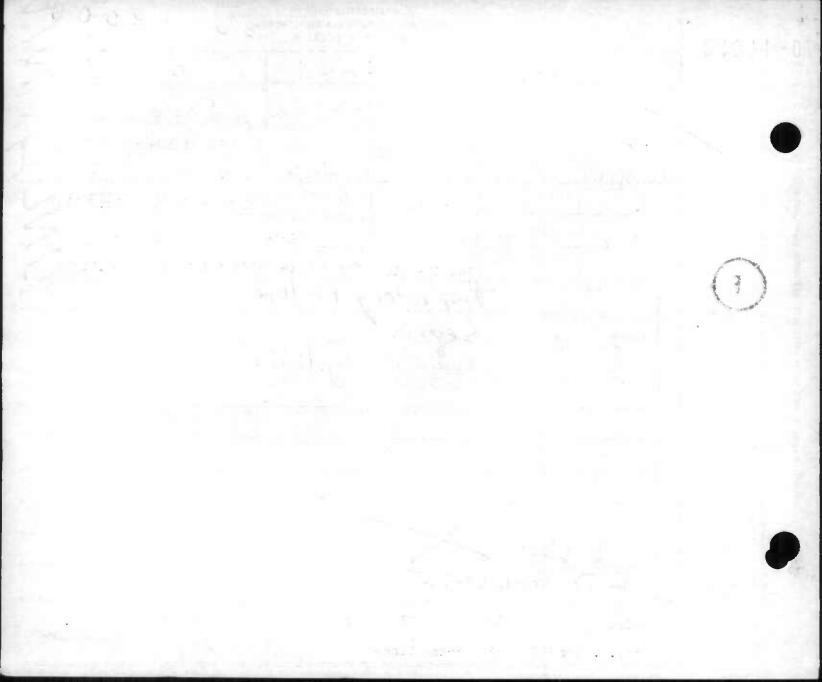
MEDICAL STAFF
DIRECTOR PHYSICIAN

COUNTY

Md.

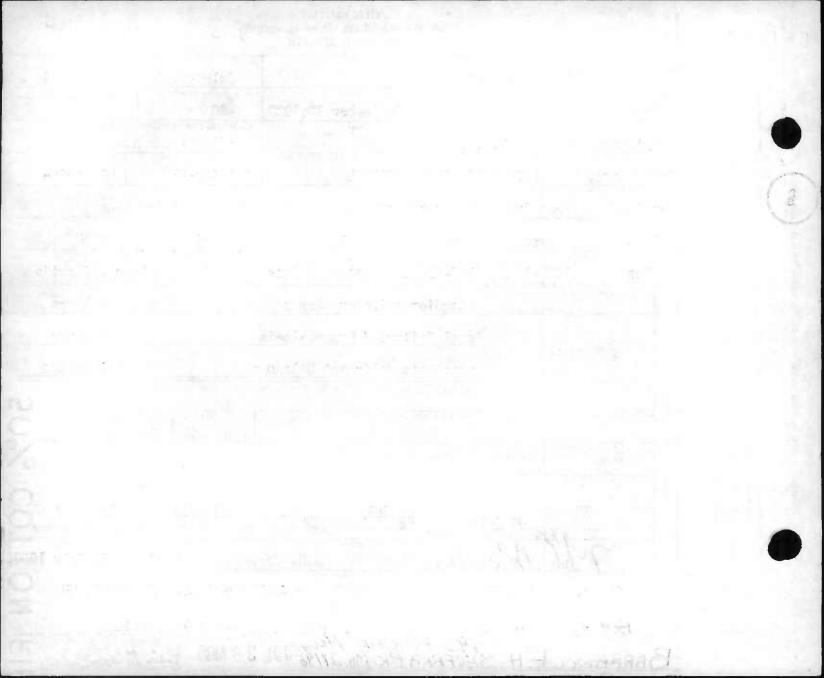
1300 Eutaw Place

250 DATE REC'D, BY REGISTRAR 256. REGISTRAR & SIGNA WITH A

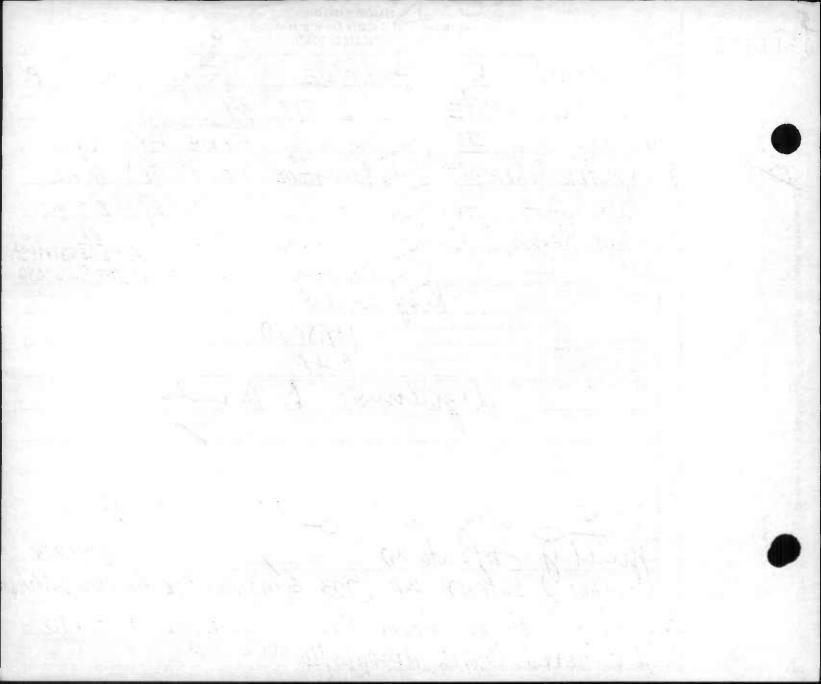


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A SET ADM TO HAT DEED TO Press of the contract of the c TILLER STREET STREET STREET STREET SEAS - 1 Acron L. Rever Landbour, and Scott and Library and Scott



\$	1325	1.	STATE OF MARYLAND  FOR STATE STATE REGISTRAR  STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR  STATE OF MARYLAND REG. NO.
	nay be page 3 er death		CEASED NAME / FIRST MIDDLE LASS 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR FORPRINT) HELEN B HALPINE JULY 2 1986 PM  X 1 ( 14 RACE ) 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BYTHDAY) IF UNDER 24 HRS
•	ath. Page 4 r	70 8	IRTHPLACE ISTATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED   NEVER MARRIED   9 BALLIMORE CITY OR COUNTY OF DEATH
1000	in by the fun e filed within	F	WIDOWED DIVORCED,   TOUR TOUR OF DEATH IN NAME OF HOSPITAL INVESTIGATION OF DEATH IN NAME OF HOSPITAL INVESTIGATION OF DEATH IN NAME OF HOSPITAL INVESTIGATION OF DEATH OF THE NUMBER OF THE
RYLAND 2	within 24 h		AT RESIDENCE (IF NURSING HOME OR DIMER INSTITUTION DIVIDING HOME OR DIVIDIN
BALTIMORE, MAI	n and camp Pages I an		MAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 1315 ELIZABETHST.  VES, NO PROMINING (IF YES, GIVE WAR OR DATES)  WEST FIG. 33840
ST.,	physicia on paper emaval.		18. CAUSE OF DEATH (Enter only one couse per line for to product)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  APPROXIMATE INTERVAL BET IMPERIONSET AND DEATH
W. PRESTON	that the death ce d by the attending ease remove cab al, cremation, ar re		Conditions, if any, which gave rise to immediate couse (o1), stating the underlying couse last
RECORDS, 201	requires the signed in Them ples ar to buring y injury, ar	TION	PART 2 OTHER SIGNIFICANT CONDITIONS CO TRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIG
/ITAL REC	N: The law re ysician. Calt has been if permit. Therene prior	CERTIFICATION	196. DATE OF OPERATION 196. C. ADITION /R WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 106. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO YES NO 1  216. ACCIDENT WAS UNDERLYING 1216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
DIVISION OF VITAL	HYSICIA Iding ph	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH LIFE CHUSE OF D
No	TTENDING pital or a TTOR. After the use as af Health 21 is mark		22a. I certify the (II) this haspital) attended the deceased from 19 , to 19 , the (IV) we) last saw the deceased alive saw the deceased alive obave, (IV) and the course stated obave, (IV) and (IV) we have a saw the deceased alive obave, (IV) and (IV) we have a saw the deceased alive obave, (IV) and (IV) we have a saw the bady ally death.
	HOSPITAL OR A HOSPITAL OR HOSPITAL DIRECT DIRECT DIRECT DIRECT DIRECT DEPT TO THE TOTAL DEPT THE THE THE THE THE THE THE THE THE TH		276 PHYSICIAN'S NAME (VE GRIPPINITY)  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN  270 ADDRESS  270 ADDRESS
	TO HOSE TO FUN Thould b WPORT	226)	WICHAGE J. LATENTH WY 103 & 10D/NGS FIVE HNWAPOLISMONYY  SURIAL CREMATION, REMOVAL 236 DATE 1 236 NAME OF CEMETERY OR GREMATORY 238 LOCATION TO THE PROPERTY APPLIANCE OF CEMETERY OR THE PROPERTY OF
	DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	UNIFICATION 7/3/86 VEDAR HTL SUITARISTER 256. PAJE REGISTRAR SSIGNALIDADE ALLANGE DE REGISTRAR SSIGNALIDADE DE REGISTRAR S



TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician should he detached for use as the burial-transit permit. Then please remove carban papers: F should be detached for use as the burial-transit permit. Then please remove carbanpape: with the State Dept. of Health and Mental Hygiene priar ta burial, crematian, ar remaval. TO HOSPITAL OR ATTENDING PHYSICIAN: The law attending physician. retained by the haspital ar

injury, ar ather traumatic event, the

IMPORTANT: If them 21 is marked or them 18 show

FOR STATE

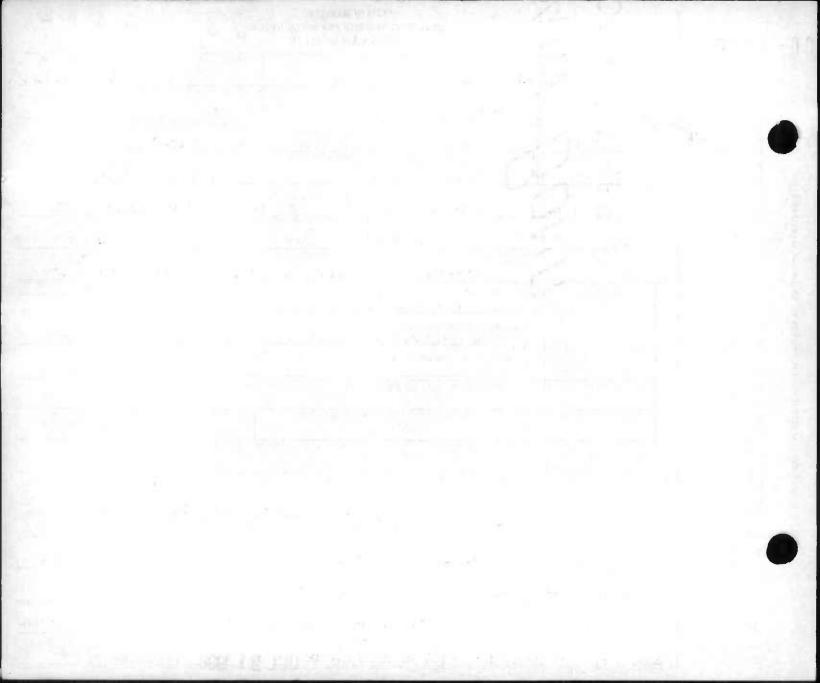
## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

ı	•	REGISTRAR			CERTIF	CALE OF D	EATH	REG	NO.			
Ì		EASED NAME FIRST		MIDOLE	L	AST		20 DATE OF DEAT	H MONTH	DAY	YE AR	26 HOUR
ı	(TAME	OR PRINT) VIRGI	NIA	G.	HAN	IDLEY			7	20	86	11:40A
Ì	3. SEX		4 RACE		5. DATE O	F BIRTH		AGE (IN YEARS LAS	T BIRTHDAY)		INDER 1 YEAR	IF UNDER 24 HRS.
l		Female	Whi	te	7 MONTH	16	33	52	Y	RS_	THS DATS	HOURS MIN.
‡		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	NEVER A		9 BALTIMORE CIT			DEATH	1 5
1		ennsylvania	U.S	S.A.	WIDOWE		ORCED	Anne Ar	undel	Coi	unty	MD
4	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		R OTHER INST	ITUTION	12a USUAL OCCUP			12b. KIND C	OF BUSINESS OR
ł	В	rooklyn Park		Mautilus A		2		Bus Dri			1cDonc	
ŧ	USUA 130. S	AL RESIDENCE (IF NURSING HOME C TATE 136 COL	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	113d. INSIDE C	TV HAAITS2	13e.STREET ADDRE	es / 710 C	ODE		ter "d"
ı		aryland A.		Brooklyn		YES	NO K	615 Naut			nue 2	21225
1	14 FA	THER'S NAME		LAST			MAIDEN NAM	AE MIDDE			LA	
)[		Abe	MIDDLE		hler		Zeda	MIDDI	t		Urv	
t		AS DECEASED EVER IN U.S. A		16b. SOCIAL SECU	RITY NO.	17 INFORMA	NT	AD	DRESS			21225
١	(Y	res, no or unknown) (1F yes, g	GIVE WAR OR DATES)	193-24-7	159	Elliot	t W. Ha	andley, S	r. 61	5 Na		
ľ		18 CAUSE OF DEATH (Enter of	only one couse pe	r line for (o), (b), and	d (c+.)						APPROX BETWEEN	CIMATE INTERVAL
ı		PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (a)	cardi	mula	201015	acst	st				
ı		,,,,,,,,		R AS A CONSEQUE	NCE OF						2	
١		Canditions, if any, which	( (b)	widesone	ad m	etusta	tic sm	all cell	lung		dy	CONS
ł		gave rise to immediate couse (a), stating the	DUETO	R AS A CONSEQUE	NCE OF		ance	5			/	
ı		underlying cause last.	(6)									
1		PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR C	ONDITION	GIVEN	IN PART 1	a
1	O											
٦	CERTIFICATION	190 DATE OF OPERATION	195 COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a AUTOPSY?				NGS USED S OF DEATH?
	TIFI							YES NO		YES [	_	NO 🗌
		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	21b. TIME C		AY YEAR	31c HOW IN	JURY OCCURR	ED (ENTER NATURE OF	INJURY IN ITE	W 18 PART	ORPART 2)	
١	CAL	(IF EITHER, NOTIFY MEDICAL EXAMIN	EATH	.M.	19							
1	MEDICAL	21d INJURY OCCURRED		OF INJURY REET, FACTORY, OFFICE, F	ARM FTC )	211 LOCATIO	N	CHYC	RTOWN		COUNTY	STATE
1	2	AT WORK AT WORK	(	net. The Toky, of the c. T	Ann, eve j							
1		220.1 certify that (I) (this has				14	, 19 8 9		30	, 19.	86	that  11 (we) last
ł		saw the deceased alive a above, (1) (we) (did) (did r	not) view the body		8 6 , ar	nd that in (my)	(aur) apinian d	death occurred an th	ie date and	l hour ar	nd fram the	couses stated
1		22b. SIGNATURE	2-1		100	DEGREE					22c DATE	SIGNED
		(12 9	1600	1	-	no i	PHYSICIAN	DIRECTOR   PH	STAFF YSICIAN [		176	21186
1		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRES						
		Berkman, A	ron w.			South	n Balto	. Gen Hos	р	6th	Floor	C
		BURIAL, CREMATION, REMOVA				EMETERY OR O		23d. LOCATION	N	** 0	OUNTY	541E 2
		Burial	7/23/	86 Me		ridge Me		Elkridg			ward	Maryland
		UNERAL DIRECTOR		ADDRESS	_	21229	25a. DATI	E REC'D. BY REGIST				
	Hu	bbard Funeral	Home, In	c. 4107 V	Vilker	is Aveni	ue IIII'	21 1006	The	David	son-P	The same of the sa

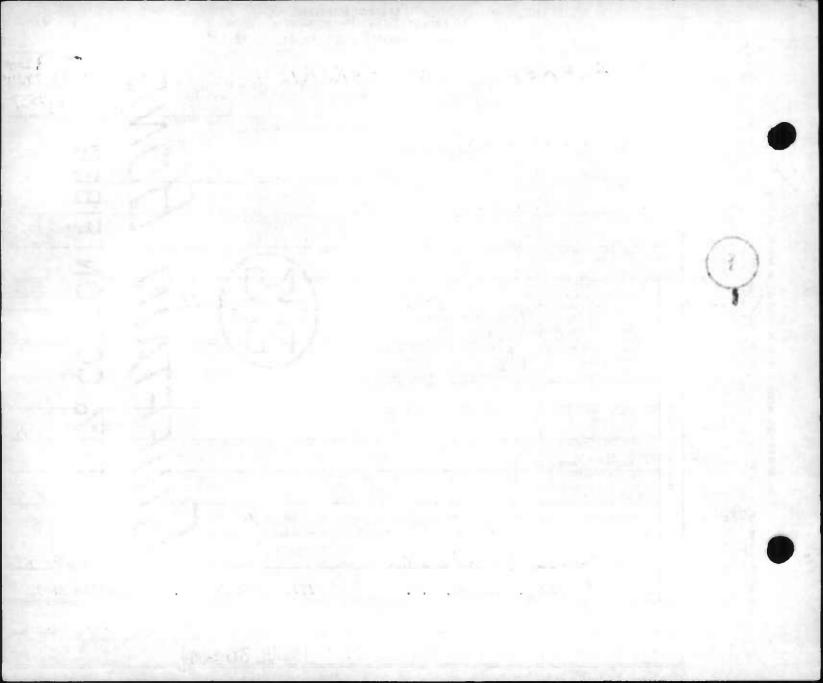
DHMH - 16 60M 7/84

(VRA 15, 4)

BP.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN DELAY IS NEGESSARY,
3 TO THE FUNERAL DIRECTOR.
AIN PAGE 5 FOR YOUR FILES.
ALIED, WITHIN 72 HOURS (TYPE OR PRINT) OF DEATH MATED 2 419 Y 4 RACE 3 SEX DATE OF BIRTH AGE (IN YEARS 24 HRS 24. DATE LAST BIRTHDAY) DAY PRONOUNCED V19 12/2/1914 male white DEAD 7b. CITIZEN OF WHAT COUNTRY? TO RIPTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED WNEVER MARRIED FOREIGN COUNTRY! U.S.A. Brooklyn, N.Y. DIVORCED Anne Arundel Co. & CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Annapolis Arundel General Hosp. Financial advisor Ins. Anne SUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS 3a. STATE 13b. COUNTY 13d. INSIDE CITY LIMITS? 13c. CITY OR TOWN Md. Winslow A.A. Co. Annapolis YES X NO [ MD. 15. MOTHER'S MAIDEN NAME FATHER'S NAME MIDDLE MIDDLE FIRST FIRST BALTIMORE. Alfred Sauer Fred Hardrich Augusta 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 055-10-0491 Lucille Hardrich same as APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HON TING THE WORD "PENDING" IN PENCIL IN ITEM TO THE CHIEF MEDICAL EXAMINER ALONG TO THE CHIEF MEDICAL EXAMINER ALONG BE SHOULD BE USED AS A BURNAL "TRANST PREMA DEPARTMENT OF HEALTH AND MENTAL HYGIBNE, IN PRIOR TO BURNAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OBATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD
PAGE 4 SHOULD BE FORWARDED TO THE CHIE
THE CHIE TO THE CHIE THE STATE DEPARTMENT OF BEUSING AFTER DEATH, WITH THE STATE DEPARTMENT OF BALTIMORE, MARYLAND, 21201 PRIOR TO SURVEY YES [ 218 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME 211 LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE COUNTY WHILE AT WORK 22a I certify that I took charge of the remains described above, held on Inspection and in my opinion death resulted fram: Suicide Homicide Undetermined monner Notural couses TITLE (SPECIFY) ACTUAL SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME James E. Wheeler, M.D. ADDRES 1116 Gumbottom Rd. Crownsville 21032 23a, BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION Burial Md Veterans Cemetery Crownsville A.A. 8/1/86 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256. REGISTRAR'S SIGNATURE ADDRESS 12 Ridgely Ave. Me Annapolis, Md. **DHMH - 17** Funeral Home (VR A15 ME (5))



	1			STATE OF MAR	RYLAND			1 01
-11959	1.	FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AN CERTIFICATE O		8 6 REG. NO.	180	
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W V	1	MALE	WHITE	12-26	YEAR YEAR	70	MONTHS DAYS	HOURS MIN.
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46	3 A.	wardis		STREET ADDRESS)	/ I ITYS	ARPENTE	VORKING LIFE) INDUSTRY	TRUCTION
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	1 14 F/	THER'S NAME	17 17 1	POLIS YES T	HER'S MAIDEN NAME		enue 2	1403
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din	160. V		VE WAR OR DATES)	SECURITY NO. 17 INFO	RMANT //	ADDRESS	519 HIGHL	AND DR
)	1	502	WTI 17/13	D874 HAH	ES H. HHYRIG	ON VR	EXEMPTER	MATE INTERVAL
1		18. CAUSE OF DEATH (Enter 6 PART I. DEATH WAS CAUSI	ED BY: TE CAUSE (a)	Lastatic (	Colon Can	nan	BETWEEN	MONTH!
onth office		WWEDIA	DUE TO, OR AS A CONS	SEQUENCE OF				
antion frout		Conditions, if any, which gove rise to immediate	(b)					
other o		couse (o), stating the underlying cause last.	DUE TO, OR AS A CONS	EQUENCE OF				
berial berial	1,	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	G TO DEATH BUT NOT REL	ATED TO THE TERMINAL	DISEASE OR CONDIT	ION GIVEN IN PART 1	a
101	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	'HICH OPERATION WAS PE	REORMED 20	0a AUTOPSY? 7	70b. IF YES, WERE FIND IT	NGS LISED
	景						N CERTIFYING CAUSES YES	
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p bear	8	MHILE NOT WHILE NOT WORK	(AT HOME, STREET, FACTORY, O	FFICE FARM ETC ) 5	TREET	CITY OR TOWN	COUNTY	STATE
Mo.		720 1 certify tha (1) this hasp	ital) ottended the deceased f	ram //2	19 86	10 7 3	19.86	that (I) (we) lost
5 6	1	saw the deceased ofive or above (1) we) (did (did no	atyview the body ofter death.	.19_ <u>86</u> , and that in	(my) aur) opinion death	occurred on the date	and have and from the	couses stated
Dept	1	27b. SIGNATURE	1101-	DEGREE	ATTENDING ME	EDICAL STAFE	22c. DATE	SIGNED
Stote -	7	Green	W Colly	M		EDICAL STAFF RECTOR PHYSICIA	NO 1/3	186
h the S		ENSER U	U. COLEIH	27e. ADI	FRANKLIN	SF AN	INAPOUS	Md.
\$ 1 3+	73a.	URIAL, CREMATION, REMOVAL		23c. NAME OF CEMETERY		3d JOOATION	A A	
	4	SURIAL	7-7-86	MD VET (Z	METERY (	ROWNSUL	LLE AA	Mo
16 60M 7/B4	24 F	UNERAL DIRECTOR	M ADD	RESS A	250 DATE REC	D. BY REGISTRAR 251	REGISTRAR'S SIGNAT	URE
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BALTIMORE, MARYLAND 77261	0
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

h	1	8	5	1	
REG. NO.		3			

1	FOR STATE REGISTRAR	DEPART		HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 6	0.	, 6	1 .3
	DECEASED NAME FIRST	WIDDLE	. 7-	LAST	20 DATE OF DEATH	MONTH DAY	Y YEAR	26 HOUR
T	PPE OR PRINT) RICH	ARD FREDERICK	H	EPTING	July 5.	1986		31518M
3.	SEX	4. RACE	5. DATE		6. AGE (IN YEARS LAST BIR	THDAY) IF		IF UNDER 24 HRS.
1	Male	White	Jani	üary 2, 1915	71	YRS		HOURS MIN.
7a.	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	United States WIDO		NEVER MARRIED DIVORCED	Anne Arundel , County .			• MD.
	CITY OR TOWN OF DEATH Pasadena	11. NAME OF HOSPITAL, NURSING HOME O (# NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 8005 Cuba Drive.			12a USUAL OCCUPAT (TYPE OF WORK FOR MOST C Carpenter		126. KIND OF INDUSTRY Const:	BUSINESS OR ruction
	Maryland Ann	or other institution, give residence befor JNTY 13c. CITY OR TOV e Arundel Pasader		YES NO. X	130 STREET ADDRESS . 8005 Cuba	- 1	21122	
N.	FATHER'S NAME FIRST Ernest	MIDDLE LAST - Hepting		15. MOTHER'S MAIDEN NAME FIRST Florence	MIDDLE	Bar	LAST	
160	WAS DECEASED EVER IN U.S. A		JRITY NO.	17. INFORMANT	ADDRI			T\
	(YES, NO OR UNKNOWN) (IF YES, O	= 216-03-	1136	Dolores Hepting / Pasadena, Md. 21122				
NO								
CEPTIECATION	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION W			ON WAS PERFORMED	WAS PERFORMED ) 200. AUTOPSY? 200. IF YES, WERE FINDING CAUSES C YES \( \text{YES} \)			
18	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	EATH HOUR A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	( ) OR PART 2)	
MEDICAL	214. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC )	211. LOCATION STREET	CITY OR TO	IWN	COUNTY	STATE
	22a. I certify that (1) this hospital) attended the deceased from 10.30, 19.80, to 19.80, that (1) (we) lost sow the deceased alive an above, (1) (we) (did) (did not) view the body after death.							
1	276. SIGNATURE  OUT CAULY NED  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 7/7/86							
1	COVIN C - Carter, MED. 4710 Penning for Ave.							
23	BURIAL, CREMATION, REMOVA	AL 236. DATE 23c.	NAME OF	CEMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
	Burial	July 8,86 G	len Ha	aven Mem. Park			ne Aru	ndel.Md.
24	FUNERAL DIRECTOR	7.00	Moun +	ain Rd. 250. DAT	E REC'D. BY REGISTRAR			
	McCully Funera		a. Md.	21122	IUL 7 1986	5	~ Adom	

DHMH - 16 50M 4/83 (VRA 15, 4)

McCully Funeral Home

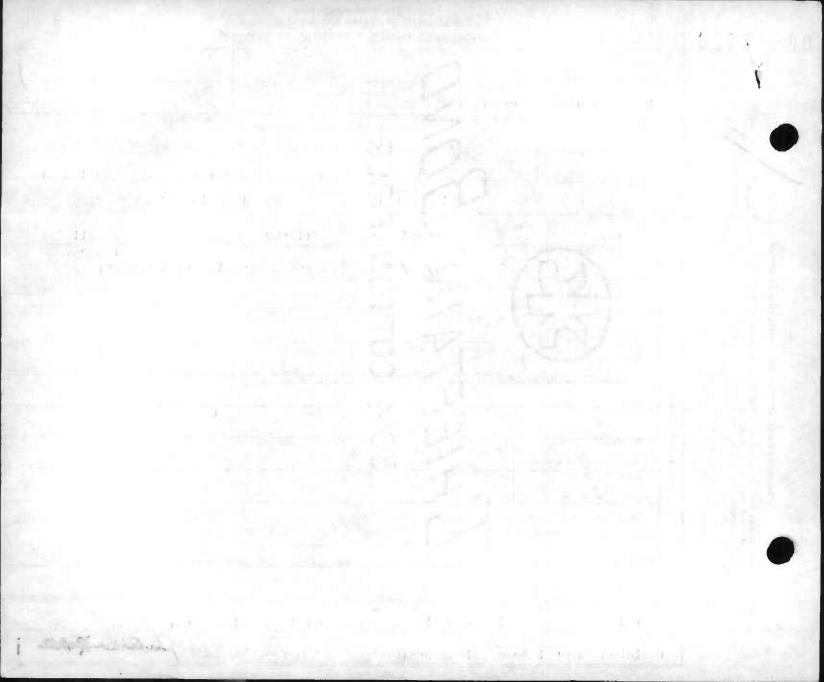
204 ADDRESS Mountain Rd. Pasadena, Md. 21122

TO FUNERAL DIRECTOR, After this certificate has

ato ned by the hospital

The state of the s CALLS STREET, MINISTER OF THE STREET, 

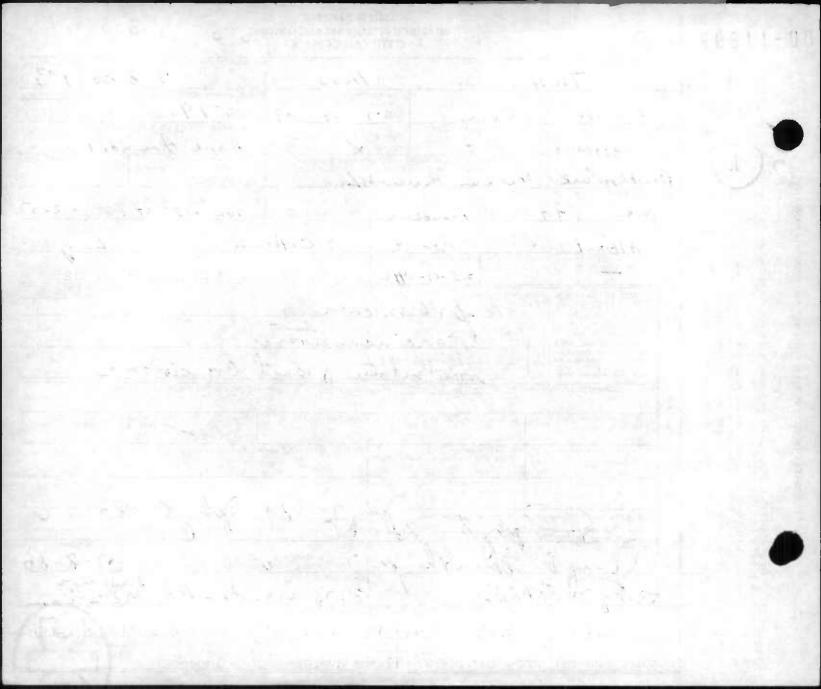
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20 DATE KNOWN I DECEASED NAME (TYPE OR PRINT) ESTI-Charles Edward DEATH MATED Herpel 13 1986 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY PRONOUNCED 6:49 white Nov 1947 38 male DEAD 1986 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY MD USA WIDOWED DIVORCED Anne Arundel County, CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY FOR MOST OF WORKING LIFE! Glen Burnie North Arundel Hospital machinist ool & die UAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) In STATE 13b. COUNTY Glen Burnie 13d INSIDE CITY LIMITS? 130 Signal Ct. 21061 NOXX IL FATHER'S NAME 15 MOTHER'S MAIDEN NAME OURS ALTERNATION OF WITH FORMANT, PAGE. MIDDLE John F. Null Herpel, Sr. Mildred F. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS Abingdon, MD (YES, NO, OR UNKNOWN) LIF YES, GIVE WAR OR DATES) Vietnam 217/46/2991 J. Frank Herpel, Jr. (brother) ves ALONG WI 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH USED AS A BURIAL - TRANSIT PERMIT OF HEALTH AND MENTAL HYGIENE, IMMEDIATE CAUSE (0) Hypertensive & arteriosclerotic cardiovascular disease OR REMOVAL DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BURIAL, EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHIE TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USING PAGE AS THE DEATH WITH THE STATE DEPARTMENT OF BALLIMORE, MARYLAND, 21201 FRIQE TO BURIA YES X NO 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK X 22e. I certify that I took charge of the remains described above, held an Inspection Hamicide Undetermined manner death resulted from Accident TITLE (SPECIFY) ACTUAL DATE 3/14/86 Assistant SIGNATURE EXAMINER'S NAME William M. Zane, M.D. ADDRESS 111 Penn St. Balto.MD. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236, DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE Burial Glen Haven Memorial Pk. Glen Burnie 7 July 86 AA MD 24. FUNERAL DIRECTOR **DHMH - 17** Home, Glen Burnie, MD (VR A15 ME (5))



	C moy be	the tree director, page 3
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	DING PHYSICIAN: The low requires that the death certificate be executed within 24 hours at a physicion.	. After this certificate has been signed by the attending physicion and campingly filled in the same director, page 3
DIVIS	DING of	After

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 2h HOUR 20. DATE OF DEATH MONTH MIDDLE I. DECEASED NAME FIRST 07 TYPE OR PRINT) 8 86 ter deoth Thelma H. **HESS** IF UNDER 1 YEAR 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS. 3. SEX July 14 07 Female White 78 9. BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? To. BIRTHPLACE (STATE OR FOREIGN MARRIED NEVER MARRIED USA Maryland WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Homemaker Meridian- Harrandsfa 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? 762 215th Street, 21122 Maryland Anne Arundel Pasadena YES NO X 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME

420		Robert	MIDDLE	Roberts	Catherine	WIDDLE	Long
nd co		VAS DECEASED EVER IN U.	S. ARMED FORCES?	166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS	
e od E	No		ies, Give war or Dates)	215-01-0412	John E. Hess,	1511 Kirkwoo	xd Road, 21207
physicio onpapers. emavol. event, the	ATION	18. CAUSE OF DEATH IER PART I. DEATH WAS C	iter only ane couse per AUSED BY: EDIATE CAUSE (a)	line for (a), (b), and (c),)	ona		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
eath ce trending ve corb on, or r umatic		Canditions, if any, whi		RAS A CONSEQUENCE OF	am atorsic		
SICIAN. The low requires that the de graphysicion. certificate has been signed by the of rial-transit permit. Then please removental Hygiene prior to burial, cremotified them 18 shows ony injury, or other transit.		gove rise to immedia couse (o), stating t underlying cause la	he DUE TO, O	R AS A CONSIQUENCE OF	to from	Carcin	ona
		PART 2 OTHER SIGNIFIC	ANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE OR CONDITION	GIVEN IN PART 110
	CERTIFICATI	190 DATE OF OPERATION	196 COND	ITION FOR WHICH OPERATIO	N WAS PERFORMED		F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \( \text{NO} \)
	_	210. ACCIDENT WAS UNDERLY!  OR CONTRIBUTING CAUSE  (IF EITHER NOTIFY MEDICAL EX	OF DEATH HOUR A.	of injury M. Month day year M. 19		D (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART 2)
offendin offer this of the bund Me h and Me	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE [		REET, FACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
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HOSI bined Sined Sould b		Jerry Du	SKARBE	K /	3708 MOI	infain Rd	Porsadera Md 21122
0 p 5 c s 8		BURIAL, CREMATION, REM			CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
BP		Burial	7/10		ne Park Cemete	ry Woodlawn E	Baltimore Maryland
DHMH - 16 50M 4/83 (VRA 15, 4)	100	uneral director lbbard Funera	l Home, IN	ADDRESS 21229 JC., 4107 Wilke	9	9 1000	COLORA S SIGNATURE
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MARYLAND 21201	ted within 24 hours other	ampletely illed in by the land 2 should be land - if
W. PRESTON ST., BALTIMORE	If the death certificate by greecy	whe presiding physician and a remove carbonadeth PCI+
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BAITIMORE, MARYLAND 21201	YSKIAN, The law requires that	s certificate has been signed to burial-transit permit. Then pleas
DIVISIO	O HOSPITAL OF ATTENDING PHYSICIAN. The law requires that the death certificate by executed within 24 hours other death, named by the hospital or attending physician.	O Flavieral DIRECTOR. After this certificate has been signed by the attending physical and completely filled in by the funeing thousand between carbon orders. The signed by the luminal thousand the second of the best benefit between the signed of the signed by the luminal to the signed of the signed by the luminal to the signed of the s

	100	Im G618 item 14,15 FOR STATE 8/14/86 rja REGISTRAR	10/7/86 rja <b>DEPART</b>	MENT OF H	E OF MAKTLAND HEALTH AND MENTAL HYGI FICATE OF DEATH	0	18	)   3
- [4] [4] 3 21		CEASED NAME FIRST MARGAI	RET Ballou	1	GINS	PEG. N 20. DATE OF DEATH JULY 18	MONTH DAY YE	26 HOUR 10:10AM
ge 4 may wide, pag as after de	1. SEX	FEMALE	4 RACE CAUCASIAN	S. DATE CO	DF BIRTH 4, DAY 1 9 3 3 4 8	6 AGE (IN YEARS LAST BIR	YRS	DAYS MOUNS MIN
135	P	EN'NSYLVANIA  TY OR TOWN OF DEATH	76 CITIZEN OF WHAT COUNTRY?  U.S.A.  11. NAME OF HOSPITAL, NURSIN	MARRIE			JNDEL COU	
A de la como como como como como como como com	G L	EN BURNIE NO	RTHI WAR UNIDERSTREET	GENER	RAL HOSPITAL	HOMEMAKE	T NORKING LIFE) INDUS	STRY
12 Aug 25	N FA	THER'S NAME	ARUNDEL 13. SEPERM		15. MOTHER'S MAIDEN NAM			OR 21146
and spin	16a W	LSWO'RTH  BA  VAS DECEASED EVER IN U.S. AR.  O NO OR UNKNOWN) (IF YES GIV	ALLOU	URITY NO.	BALEOU FANN 17 INFORMANT SPENCER P	NIE & Peori	124 SEVER	NSIDE DR.
phycon modern		PART I. DEATH WAS CAUSE	nly one cause per line for (1), (b), and (b) are CAUSE (a)	diac	C1 00 +	III OO IND		PPROXIMATE INTERVAL WEEN ONSET AND DEATH
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requires signed or 10 burn or 10	VIION	12	CONDITIONS CONTRIBUTING TO			INAL DISEASE OR CON	DITION GIVEN IN PAR	
The law pican mul perm spores pr	CERTIFICATION	21a ACCIDENT WAS UNDERLYING		OPERATIO	21c HOW INJURY OCCURR	YES NO	IN CERTIFYING CALL	USES OF DEATH?
dring physicians certificates broad-transfer Memoral H	MEDICAL C	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	HOUR A.M. MONTH D. P.M.  21e PLACE OF INJURY	19	ZII LOCATION	CITY OR TO		
NDING PI I or other the outher teacher or and the outher of	W	WHILE NOT WHILE 22a.1 certify that (1) (this haspi	(AT HOME, STREET, FACTORY OFFICE Ital) attended the deceased fram	- 601	25 10 85	7/18	7 10 86	that (I) (we) lost
ALCH ATTER ALDIRECTOR detected for one Dept of the		so the deceased alive an obove, (I) ve (did) (did no	of view the bady bitter death.		DEGREE  ATTENDING PHYSICIAN	MEDICAL STA	22c C	DATE SIGNED
TO FUNERAL chould be de- with the State		ANTHONIA PL	UCIS, MD				AY ARNOLD	, MARYLAND
ВР	В	BURIAL, CREMATION, REMOVAL SURVEAL L UNERAL DIRECTOR			TECEMETERY  CEMETERY		IS A.A.CO	MARYLAND
DHMH - 16 60M 7/84 (VRA 15, 4)	RC	BERT E. EVAN	S 1212 WEST S	T. Al	NNAPOLIS.	AUG 1 1	J86	and the second s



## DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLA

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

86 18619

	REGISTRAR		•••••			REG	00	100			
	CEASED NAME FIRST	WIDDLE		AST		20 DATE OF DEATH	MONTH	DAY YEAR	2h HOUR		
1	BRUCE	HERMAN	HIL	GARTNER		July	18,	1986	7.28P N		
3 SE	x	RACE	5. DATE C		YEAR	6. AGE (IN YEARS LAST BE	THOAY)	IF UNDER I YEAR	HOURS MIN.		
	Male	White	Jan		1935	51	YRS				
7a. 81	RTHPLACE (STATE OR FOREIGN	6 CITIZEN OF WHAT COU	NTRY? 8	D NEVER A	ARRIED T	9. BALTIMORE CITY	OR COUNT	Y OF DEATH			
	arvland	II.S.A.	WIDOWE	•	ORCED	Anne Arur	ıdel		MD		
		11. NAME OF HOSPITAL, N		OR OTHER INST	ITUTION	12a USUAL OCCUPAT			OF BUSINESS OR		
G.	len Burnie	350	ution Av	7e		Truck Driv			is Armor		
	AL RESIDENCE (IF NURSING HOME OR C	OTHER INSTITUTION GIVE RESIDENCE	E BEFORE ADMISSION)	1 13d. INSIDE CI	TY LIMITS?	13e STREET ADDRESS	/ ZIP COE	¥ )	1/1/		
M.	arvland Anne		Burnie	YES 🗌	NO 🔽	350 Const			100/		
14. FA	ATHER'S NAME	NODLE	AST		MAIDEN NAM	MIDDLE .		14	AST		
C		Martin Hilga		Mildr		Caroline	2	Goh			
16a V	WAS DECEASED EVER IN U.S. ARA		L SECURITY NO.	17 INFORMA		ADDR	ESS				
n			30-8820	Anne M	. Hilga	artner (	same_a	as #13)			
	18 CAUSE OF DEATH (Enter onl					1		APPRO	XIMATE INTERVAL NONSET AND DEATH		
CERTIFICATION	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTION		ON WAS PERFORMED  200 AUTOPSY?  206. IF YES, WIN CERTIFYIN					N IN PART I (0) WERE FINDINGS USED ING CAUSES OF DEATH?		
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	OR CONTRIBUTING CAUSE OF DEAL	110110 4 44 44 44 44 44 44 44 44 44 44 44 44	H DAY YEAR	ZICHOWIN	JORT OCCURR	ED (ENTER NATURE OF IN)	JRY IN IIEM IS	PART TOR PART 2			
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	saw the deceased are a above (U-live) did (shid not	JAR. ?	0//		, 17	leath occurred on the (	ate and ho		e couses stated		
	226 SIGNDOFORE		111	TTENDING PHYSICIAN [	MEDICAL STA		7	17/86.			
	Dr. Peter Kenr		9 Floo Baltin			Hosp	pital	/			
230. I Bu	BURIAL, CREMATION, REMOVAL	7-21-86	23c NAME OF C	Park Co		Balltimo	re	COUNTY	MD'ATE		
14. F	UNERAL DIRECTOR	Svalles	DORESS		250. DATE	REC'D, BY REGISTRA	25b. REGIS	STRAR'S SIGNA	TURE		
S	ingleton Funeral			Marylan	1	UL 2 2 1901	1.1	C Front (MOD)			

DHMH - 16 50M 4/83 (VRA 15, 4)

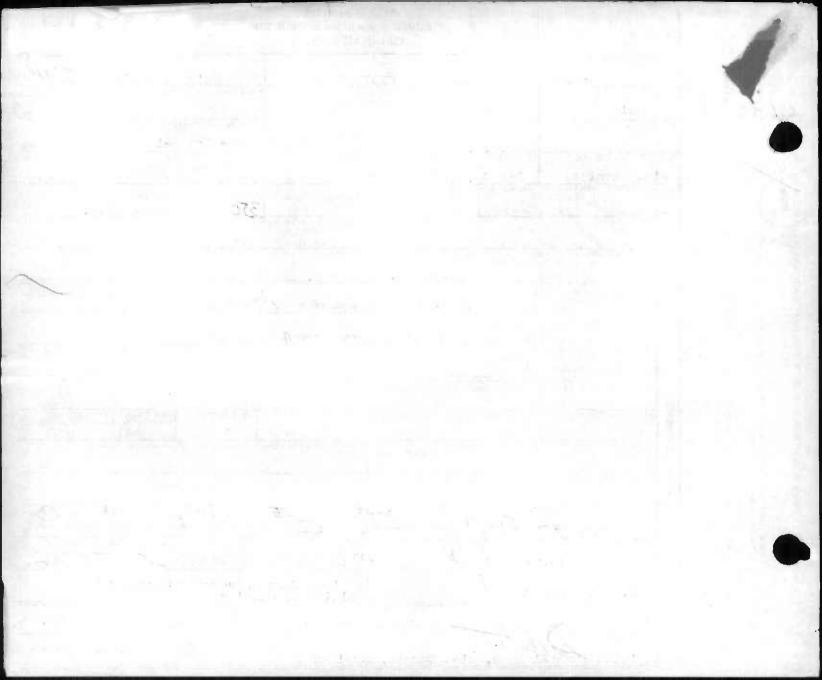
TO FUNERAL DIRECTOR, should be detached for us with the State Dept, of He WPORTANT, if here 21 is

TO HOSPITAL

manual by the attending physician and a

mure, or other troumotic event, the

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O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the dear centralisation within 24 hours ofter death. Page 4	Poge
TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physical and completely filled in by the funcion discussion of the places should be detached for use as the burial-transit permit. Then please imment or annually find a filled with the State Dept. of Health and Mental Mygiene prior to burial, cremation or enforced.	directo novrs of
MPORTANT; If Hem 21 is morked at Item 18 shows any injury, or other traumatic energy the medical machine more than the	

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. I. DECEASED NAME 2a. DATE OF DEATH 26. HOUR (TYPE OR PRINT) Mary Frances Hock 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) JE LINDER I VEAR 3 SEX 4 RACE female white YE AR 4-21-04 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE I STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Anne Arundel County U.S.A. ILLINOIS WIDOWED IL CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) Glen Burnie N. Arundel Convalescent Ctr. Homemaker USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
130. COUNTY
131. CITY OR TOWN 13d INSIDE CITY LIMITS? 13 LSTREET ADDRESS / ZIP CODE Md. Linthicum 408 Forest View Rd. A.A. Co YES 🗍 NO T 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE FIRST Drenckpohl Louis Eunice ADDISOR Forest View Rd. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT IYES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Anne M. Lundquist Linthicum Md.21090 NO 361 01 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDIC ALEXAMINERS P.M 21d. INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY STATE CITY OR LOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) ottended the deceased Iron saw the deceased alive an and that in (my) (out) opinion death occurred on the date and hour and from the couses stated abave, (1) (we) (did ) (did not) view the bady after death DEGREE 221. DATE SIGNED 22b. SIGNATURE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 224, PHYSICIAN'S NAME (SYPE OR PRINT) 22e ADDRESS 23d. LOCATION 23a BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE 7/19/86 cremation Westview Crematory Catonsville 24 FUNERAL DIRECTOR Ritchie Hwy. . Savidson Pandale George Gonce Baltimore Md. 21225

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MARKET SERVICE LAND TO BE WITH

AND 21201	in 24 hours after death. Page 4 mity b
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death centricate be executed within 24 hours after death. Page 4 mily b retained by the haspital or attending physician.
	E e

BP\_ DHMH - 16 60M (VRA 15, 4)

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		EASED NAME FIRST		MIDDLE		AST	20. DATE OF DEATH	MONTH DAY	YEAR 26. HOUR
		EDITH	0		HOLL	AND	TIII.Y	20 1	986 0000 ER I VEAR IF UNDER 24
	3. SE X		4 RACE		5. DATE (		6. AGE (IN YEARS LAST BIRT	HDAY) IF UND	DAYS HOURS
	FE	IALE	BL	ACK	3	23 1898	88	YRS	
320		THPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY O	COUNTY OF DI	EATH
30	MAI	RYLAND	U.S	.A.	WIDOWE		ANNE A	RUNDEL C	OUNTY
31	10. CIT	Y OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPATION		KIND OF BUSINES
34		GLEN BURNTE	2 2 2 2 2 2 2	H ARUNDEI		PITAL.	(TITE OF WORK FOR INCOTO		2031111
300	USUA 13a S	L RESIDENCE TURNED CO	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	134. INSIDE CITY LIMITS?	112. STREET ADDRESS	ZIR CORE	- 17
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1	14. FA	THER'S NAME				15 MOTHER'S MAIDEN NA			
MC	JAI	ÆS FIRST	J.	BIA	S	LILL	E E.		SMOTHE
Til Col	16a. W	AS DECEASED EVER IN U.S.		166 SOCIAL SECU	RITY NO.	17 INFORMANT	Annapoli ASPRE	Md. 2140	
2/	{A	NO UNKNOWN) (IF YES,	GIVE WAR OR DATES)	217-18-5	5040	ALICE BROWN	706 Bywater	Road	
21		18 CAUSE OF DEATH (Enter	nalu ana sausa na	clina factor this an	al tax s				APPROXIMATE INTERV
1		PART I. DEATH WAS CAU	SED BY:	Care	0 %	respirsta	A come	4	BETWEEN ONSET AND D
0	1	underlying couse last.  PART 2. OTHER SIGNIFICAN	T CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONI	DITION GIVEN IN	PART No.
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ows ony injury.	TIFICATION	90 DATE OF OPERATION	NO COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		E FINDINGS USED CAUSES OF DEATH NO
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THE THE PARTY OF THE PROPERTY.

TO DECEASED NAME   FIRST   MIDDLE    RUTH   HORN    3. SEX   4. RACE   S. DATE   MONTH    76. BIRTHPILACE (STATE OR FOREIGN   COUNTRY)   MARRIE   MIDDLE    76. BIRTHPILACE (STATE OR FOREIGN   COUNTRY)   MARRIE   MIDDLE   MIDDLE   MARRIE   MIDDLE   MIDDLE	00-12539	1.	FOR STATE REGISTRAR			DEPARTI	STAT MENT OF I CERTII
Female  No. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  To nnessee  USA  Widow  Fennessee  USA  Widow  FULLY OR TOWN OF DEATH GLEN BURNIE  SUAL RESIDENCE (IF NURSING HOME OR CHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  ISUAL RESIDENCE (IF NURSING HOME OR CHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  ISUAL RESIDENCE (IF NURSING HOME OR CHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  ISOAL RESIDENCE (IF NURSING HOME OR CHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  ISOAL RESIDENCE (IF NURSING HOME OR CHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  ISOAL RESIDENCE (IF NURSING HOME OR CHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  ISOAL RESIDENCE (IF NURSING HOME OR CHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  ISOAL RESIDENCE (IF NURSING HOME OR CHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  ISOAL RESIDENCE (IF NURSING HOME OR CHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  ISOAL RESIDENCE (IF NURSING HOME OR CHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  ISOAL RESIDENCE (IF NURSING HOME OR CHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  ISOAL RESIDENCE (IF NURSING HOME OR CHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  ISOAL RESIDENCE (IF NURSING HOME OR CHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  ISOAL RESIDENCE (IF NURSING HOME OR CHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  ISOAL RESIDENCE (IF NURSING HOME OR CHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  ISOAL RESIDENCE (IF NURSING HOME OR CHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  ISOAL RESIDENCE (IF NURSING HOME OR CHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  ISOAL RESIDENCE (IF NURSING HOME OR CHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  ISOAL RESIDENCE (IF NURSING HOME OR CHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  ISOAL RESIDENCE (IF NURSING HOME OR CHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  ISOAL RESIDENCE (IF NURSING HOME OR CHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  ISOAL RESIDENCE (IF NURSING HOME OR CHER INSTITUTION, GIVE RESIDE	4 6 4 6 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6					DDLE	HORN
Tennessee  IUSA  ID. CITY OR TOWN OF DEATH  GLEN BURNIE  USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  IB. STATE MARY LAND	p 4 may celar, pag			4.		e	
ID. CITY OR TOWN OF DEATH  GLEN BURNIE  USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  IJA. CITY OR TOWN  Maryland  Anne Arundel Glen Burnie  FATHER'S NAME  James  W. Thacker  WAS DECEASED EVER IN U.S. ARMED FORCES?  WAS DECEASED EVER IN U.S. ARMED FORCES?  ISS. NO OR UNKNOWN)  IE SES, NO OR UNKNOWN)  IE CAUSE OF DEATH (Enter only one cause per (Inclora), (b), ond (c))  PART I. DEATH WAS CAUSED BY:	echt. Pop	4	COUNTRY)	OREIGN 76		HAT COUNTRY?	MARRIE
136 COUNTY   136 COUNTY   136 COUNTY   137 COUNTY   137 COUNTY   137 COUNTY   138			ITY OR TOWN OF DEA		. NAME OF H		
James W. Thacker  W. WAS DECEASED EVER IN U.S. ARMOD FORCES?  WES, NO OR UNKNOWN) (FYES, GIVE WAR OR DATES) 227-22-4984  IB. CAUSE OF DEATH (Enter only one cause per (Inclo) (a), (b), and (c))  PART I. DEATH WAS CAUSED BY:	(1) 133	13a. S	STATE	ng home or oth 136 COUNTY Anne	Arunde	GIVE RESIDENCE BEFOR  U. CITY OR TOW  I Glen B	ADMISSION) IN Urnie
TAKT DEATH WAS CROSED ST.	de la	A. FA	FIRST	wib	QLE V •	Thasick	er
TAKT DEATH WAS CROSED ST.	MORE.)	Ida V	VAS DECEASED EVER				
PART 2 OTHER SIGNIFICANT CONDITIONS CONFIBUTING TO DEATH BUT	2 592 5		Canditions, if ony, gave rise to imm cause (a), statin	AS CAUSED & IMMEDIATE (  which nediate g the	DUE TO, OR	AS A CONSEQU	ENCE OF
	CORDS, 20 conditions agreed min. Them pile may rejury, or	ATION .			× 7	gen	en

22a. I certify that (I) (this haspital) attended

abave, (1) (we) (did) (did nat) viewahe body after death.

ANASTACIO E. SUBONG, M.D

Home

sow the deceased alive on.

22d. PHYSICIAN'S NAME

226 SJONATURE

Buria1

24. FUNERAL DIRECTO

SingTeton

23e. BURIAL CREMATION, REMOVAL

TE OF MARYLAND HEALTH AND MENTAL HYGIENE: FICATE OF DEATH REG. NO 20 DATE OF DEATH MONTH 25 HOUR E JULY 13, 1986 6 AGE (IN YEARS LAST BIRTHDAY) OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS 1904 lay 82 BALTIMORE CITY OR COUNTY OF DEATH D NEVER MARRIED ANNE ARUNDEL COUNTY DIVORCED MD. OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY TTAL Homemaker Own Home 13. STREET ADDRESS / ZIP CODE 34 Cedar Dr. 13d. INSIDE CITY LIMITS? 21061 NO T 15. MOTHER'S MAIDEN NAME MIDDLE Mollie Hinderlight 17. INFORMANT Daughter ADDRESS Same as#13 c. Marie Morefield APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH IN WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 711 LOCATION Cirk pe lown COUNTY STATE deceased fram and that in (my) (our) opinion death occurred on the date and have and from the causes stated

The DATE/SIGNE

DEGREE

23c NAME OF CEMETERY OR CREMATORY

July 16,1986 Glen Haven CEm etery

1 Second ave 21061

22e ADDRESS

ATTENDING

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

CRAIN HIGHWAY, S.W.

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Glen Burnie Anne Arundel MD

BURNIE, MARYLAND 21061

23d LOCATION

DHMH - 16 60M 7/84

FUNERAL DIRECTOR. Sold be detached for use if the State Dept. of Hec

ORTANT

(VRA 15, 4)

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20 DATE OF DEATH MONTH 2b. HOUR 15 (TYPE OR PRINT) ANCHE Robbins 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYPAR 5. DATE OF BIRTH YEAR 06 LOUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH a BIRTHPLACE MARRIED NEVER MARRIED TENN. ANNE ARUNDEL WIDOWED 🔀 DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION BE OF WORK FOR MOST OF WORKING LIFE) ROWNSVILLE FAIRFIELD NURSING CENTER HOME MAKER Home 13b COUNTY 13c CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? MD ANNAPOLIS EAGLEWOOD 1050 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME APT ID 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 1050 EAG LEWOOD (IF YES, GIVE WAR OR DATES) 168-10-7004 ANNAPOLIS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I o CERTIFICATION 190 DATE OF OPERATION 206 IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOX NO [ 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING | CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21e. PLACE OF INJURY 211 LOCATION COUNTY CITY OF TOWN STATE (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE AT WORK 22a. I certify that this haspital) attended the deceased fram and that in my (our) opinion death accurred on the date and hour and from the causes stated (1) (ve) (did) (flid not) view the body after death. 22b. SIGNA DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 23c NAME OF CEMETERY

TO HOSPITAL OR ATT retained by the hospital OR ATT TO FUNERAL DIRECT should be detached fit with the State Dept. a With the State Dept. a

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DHMH - 16 50M 4/83 (VRA 15, 4)

FOR

- STATE

REGISTRAR

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

26 HOUR

126 KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO I

STATE

COUNTY

DAYS

INDUSTR

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ctor, pag	3. SE	x Female	4 RACE White	5. DATE C		6 AGE (IN YEARS (AST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
72 hours	7a B	IRTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland	7b. CITIZEN OF WHAT COUNT United States	DV2 0	NEVER MARRIED	9 BALTIMORE CITY OR COUN	NOEL COUNTY
11514	10 C	GLEN BURNIE	11. NAME OF HOSPITAL, NUI	RSING HOME C	R OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING House-wife	126. KIND OF BUSINESS O
E ST	13a.	Maryland Anne	or other institution, give residence bi UNTY 13c, CITY OR T Arundel Pasade	OWN	13d. INSIDE CITY LIMITS	1904 Cedar Rd	
220	14. F	ATHER'S NAME Harry	E. Dowlin		Estel	MIODIE	Brinnich
Poges medical	160. \	WAS DECEASED EVER IN U.S. A YES, HOOR UNKNOWN) (IF YES, O	THE WAR OR DATES	9-8156	17 INFORMANT Harry P. Je	nkins / Pasadena	04 Cedar Rd. ,Md. 21122
physical onpotent emoval		PART I. DEATH WAS CAU	only one cause per line far (a), (b) SED BY: ATE CAUSE (a)	, and ich	DRY FAI	LURE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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hos been s t permit. The mini prior to ow yony inje	CERTIFICATION	ACTALIOS	196. CONDITION FOR WH	ALDID HICH OPERATIO	VAS CULAR N WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
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ther this as the by thrand M orked or	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	FICE, FARM, ETC )	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
CTOR. A d for use of Heal	22: 1s mg	sow the deceosed alive above, (I) (we) (did) (did)	pital) attended the deceased from	9 86,00		on death accurred on the date and	
RAL DIRE detection state Dept		22b. SIGNATURE	unit	(		MEDICAL STAFF DIRECTOR PHYSICIAN D	7/17/8/C
hould be def		1	MUNDRA, M.D.			IMORE, MARYLAND 2	
		BURIAL, CREMATION, REMOVA (SPECIFY) Burial	July 19,86	Glen Hav	emetery or cremator ven Mem Park	Glen Burnie.	Anne Arundel, Md
16 60M 7/84 A 15, 4)	24 F	UNERAL DIRECTOR NAME McCully Funers	3204 Mg al Home / Pasade	guntain ena,Md.	Rd. 21122	DATE REC'D BY REGISTRATE 256 REG	ISTRAR'S SIGNATURE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES **CERTIFICATE OF DEATH** 

REG. NO

FOR STATE

3 1. DECEASED NAME

REGISTRAR

JET 1920 - AND TOTAL TOTAL STATE - - State of Fifther

FOR STATE REGISTRAR

## STATE OF MARY2AND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

86 18626

C1446	EASED NAME	FIRST		MIDDLE	Ł.	AST	20 DATE OF DEAT	H MONTH	DAY YEAR	26 HOUR	
_	CRPS	Wesle	v	L.	John	ns	July	22,	1986		
1, 5EX			RACE	75 T F	5. DATE C		6 AGE TIN YEARS LAS	T BIRTHDAY)	IF UNDER TYEAR		
	Male		Whi	te	Fe		81	YRS	MONTHS DAYS	HOURS MIN	
	RTHPLACE (STATE O	FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CIT				
	clahoma		U.S.	A .	WIDOWE		Anne A	rund	el Co.	٨	
10. CI	TY OR TOWN OF DE	ATH 11		HOSPITAL, NURSIN		R OTHER INSTITUTION	12a USUAL OCCUI			OF BUSINESS O	
	cooklyn		Home	- 206 S	outh	erly Rd.	Millwri	ght	Ste	eel	
USUA Ida S	AL RESIDENCE (IF NO	13b COUNTY		13c. CITY OR TOW	N	13d INSIDE CITY LIMITS?	13e STREET ADDRE	SS / ZIP CO	ODE	0400	
	Md.	A.A.	Co.	Brookl	yn	YES NO K		outhe	rly Rd.	2122	
14 FA	THER'S NAME FIRST		DIE	LAST		15 MOTHER'S MAIDEN NAM	MIDD		LA	IST	
	James		sley	Johns		Mary	Ross			stes	
Ma. V	VAS DECEASED EVE	LIE YES GIVE W	(AR OR DATES)	16b. SOCIAL SECU		17 INFORMANT		D	alto. N		
_	IES	1931-	1934	219 20	6221	Margaret R	. Queen	218			
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IFICATION	gove rise to in couse (a), stot underlying cou- PART 2 OTHER SIG	ing the se lost.	1c) NDITIONS <u>C</u> (		DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR C	20b. IF	YES, WERE FIND	INGS USED	
ET IB							YES NO TO YES NO TO NO TO THE NO.				
CAL CERT	210. ACCIDENT WAS U OR CONTRIBUTING	CAUSE OF DEATH		PFINJURY M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCCURE	ED (ENTER NATURE OF	INJURY IN ITEM	18 PART 1 OR PART 2)		
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				e deceosed from	or	d that in (my) (our) opinion of	MEDICAL	STAFF	hour and from the	that (I) (we) lose couses stated E SIGNED	
	27a. 1 certify that ( sow the decectobove, (I) (we) 27b. SIGNATURE  27d. PHYSICIAN'S N	y con	yiew the body	olter death.	. or	DEGREE ATTENDING	MEDICAL DIRECTOR PH	STAFF	hour and from the	E SIGNED	

DHMH - 16 50M 4/83 (VRA 15, 4)

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1416	1	FOR STATE REGISTRAR	DEPART	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	(GIENE) O REG. NO.	802			
7		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR			
75	1	LETHE	R J.	JOHNSON	7	24 86 M			
	1.58		4 RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS			
90	F	EMALE	BLACK	1 18 1902	84 YR				
32 80		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED WEVER MARRIED	9 BALTIMORE CITY OR COUN				
123	_	ARYLAND	U.S.A.	WIDOWED DIVORCED	ANNE ARUNDEI				
		NN APOLIS	(IF NOT IN SUCH FACILITY, GIVE STREET	ING HOME OR OTHER INSTITUTION ET ADDRESS) ALESCENT CENTER	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	12b. KIND OF BUSINESS OR INDUSTRY			
12	130	AL RESIDENCE (IF NURSING HOME STATE 13b COI ARYLAND A.A	OR OTHER INSTITUTION GIVE RESIDENCE BEFO UNITY 13c. CITY OR TO ANNAPOL	WN 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO	St. Apt. 215			
ord 2	le i	WILLIAM	MIDDLE LAST		UNKN OWN MIDDLE	t a S.t			
Poper I Poper I medical	16a \	VAS DECEASED EVER IN U.S. A	ARMED FORCES? GIVE WAR OR DATES)  166 SOCIAL SEC 216-28-	41150	olis, Md. AD 21401 OHNSON 701 Glen	wood St. Apt.215			
physica papen novol. ent, the	Г		1 47	idia tali	4	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
by the otherding ose remove carbo il, cremation, or re other troumatic e		Conditions, if ony, which gave rise to immediate cause (o), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE (b)  DUE TO, OR AS A CONSEQUENCE (c)	HATSCOY	N 3				
Then ple to burn mlury, or	NOI	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110							
And hos bee	THECAT	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \( \begin{array}{cccccccccccccccccccccccccccccccccccc			
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er tha c is the bur and Me sand Me	MEDIC	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	FARM ETC ) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE			
A COLOR	1		pital) ottended the deceased from	, 19	to				
of p		sow the deceased olive obave, (1) (we) (did) (did)	nak view the body after Auth		in death occurred on the date and				
At DIRE detached one Dept		HATURE	X. Darlin	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	7/24/86-			
D FUNER CALL IN CALL I	1	MC(TAB)	J. LaPEN	M-M 703 6	CODINGS AVE	ANNOTHER 214			
2 223	23a	BURIAL, CREMATION, REMOVA	AL 23b. DATE 23c	NAME OF CEMETERY OR CREMATORY		COUNTY STATE			
BP		BURIAL	7-29-1986 F	INELAWN MEM. PARK	Annapolis	A.A. Narvland			
HMH - 16 60M 7/84		UNERAL DIRECTOR ANT	apolis, Md. 2140	25a D.	AUG 1 1986	ISTRAR'S SIGNATURE			
(VRA 15, 4)	1	THITAM KEESE (	& SONS MORTUARY,	P.A.	AUG I 1900 ga	no providery. Kondalle			

STATE OF MARYLAND

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ST., BALTIMORE, MARYLAND 21201	crificate be executed rithm 24 hour after death. P	g physician and company i filling in the funeral d on papers. Pages 1 and 2 mediae into within 72 he emoval.	event, the medical extraction and the fraulied at ance.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed fulfin 24 hour after death. Paretained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and computed filling the funeral dishould be detached for use as the burial-transit permit. Then please remove carbon papers, Pages 1 and 2 though be filled within 72 hawith the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.	IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumatic event, the medical examination is the first leaded of ance.

3	Ŀ	FOR STATE REGISTRAR		ARTMENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH	REG. N		0 2	ੇ ਹੈ EDT	
		CEASED NAME FIRST OR PRINT) VERNER	(NMN)		RMAN	70 DATE OF DEATH	MONTH DAY	1986	105 P.V.	
	3. SEX		4 RACE White	5. DATE (	DE BIRTH YEAR	6. AGE (IN YEARS LAST BIR	THDAY) IF I	UNDER LYEAR	IF UNDER 24 HRS HOURS MIN.	
A	I	RTHPLACE (STATE OR FOREIGN OUNTRY) Estonia	75. CITIZEN OF WHAT COUN USA	MARRIE			ARUNDEL	COUNT	7410.	
1		GLEN BURNIE	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE: NORTH ARU)	NDEL HOS		(TYPE OF WORK FOR MOST O Physician	F WORKING LIFE)	INDUSTRY [	BUSINESS OR Deers Head Hospital	
5	13a. S	Maryland A A		TOWN	13d INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS / 605 Dover		21122		
0		THER'S NAME Johannes	MIDDLE LASS		Eugenie	WE		Pá	aal	
1	(4	VAS DECEASED EVER IN U.S. AR res, no or unknown) (IF yes, giv NO N/	/E WAR OR DATES)	SECURITY NO.	Mrs. Alexand	fe) ADDRE ra Juerman	Same			
7	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause tol, stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT (	DUE TO, OR AS A CONS  (c)  CONDITIONS CONTRIBUTING	S TO DEATH BUT		NINAL DISEASE OR CON	DITION GIVEN	VERE FINDIN	IGS USED OF DEATH?	
7		71a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DE. [IF EITHER, NOTIFY MEDICAL EXAMINE!	HOUR A.M. MONTH	DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	YES [		NO []	
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	?1e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OI	FFICE, FARM, ETC }	216 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE	
		220.1 certify that (1) (this hasp saw the deceased plive an above, (1) (we (idid) did no 27b. SIGNATUR!	contra		nd that in (my) (our) opinion DEGREE	death occurred on the de	ote and hour a			
-		22d BHYSICIAN'S NAME (TYPE O	ell.	ñ	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN					
1		GLENN F RO			1	.404 CRAIN H IRNIE MARYL			300	
34	1	URIAL, CREMATION, REMOVAL SPECIFY  Burial  JNERAL DIRECTOR NAME	July 12,1986	Glen Ha	ewetery or crematory aven Mem. Park [250. DAT	23d. LÓCATION CITY OR TOWN	nie A	A CO.		
	Si	ngleton Funera	1 Home Glen B	Burnie,	Maryland	1 1 0 1086	The Davi	doon-Ra	Month	

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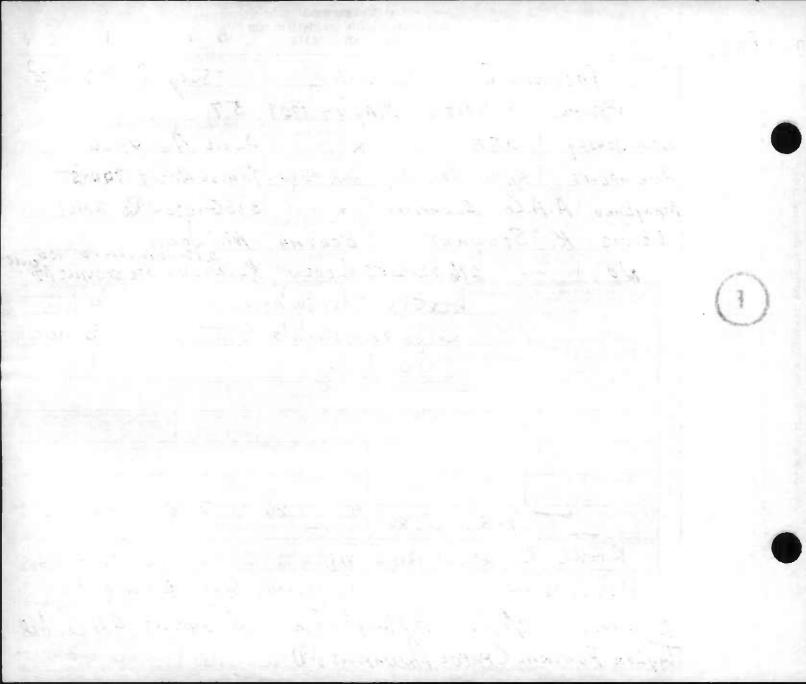
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(VRA 15, 4)

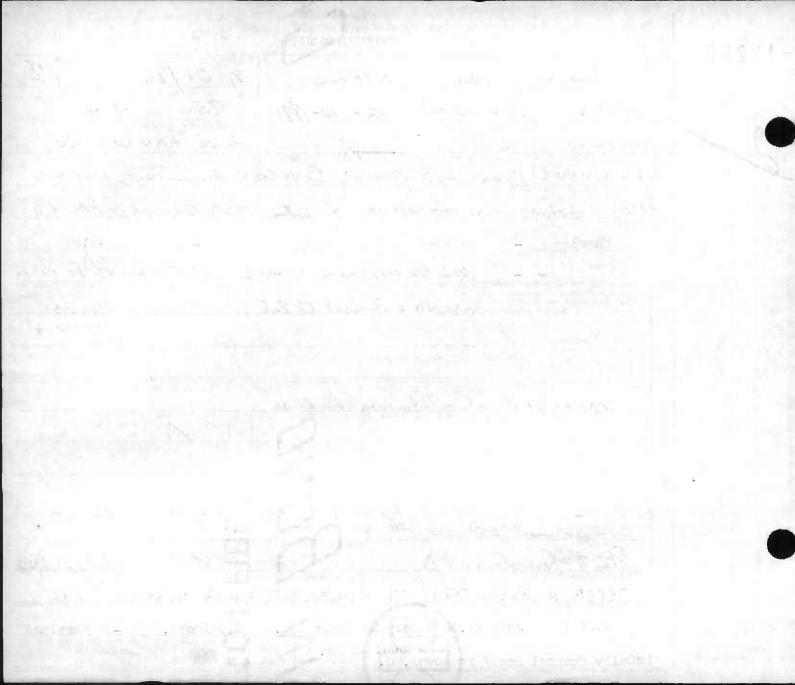
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

2 5	1 -	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	GIENE 8 6	8 5 3 0
90	(TYPE	EASED NAME FIRST OR PRINT) CHORLES	John	KEAGZE S DATE OF BIRTH	20 DATE OF DEATH MONTH  7 21 86  6 AGE (IN YEARS LASIBIRTHDAY)	DAY YEAR 26 HOUR 5
irs afte	SEX	MALE	CAUCASIAN	12- 12-1890	95 YRS	MONUTS DAYS HOURS MIN.
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70	G	YOR TOWN OF DEATH	MARYLAND	MANOR COUNCE	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING U). ACCOUNTAIN	1 . 4 . /
35	30. S	TATE 13b. COUN	OTHER INSTITUTION GIVE RESIDENCE BEFOR VTY 130. CITY OR TOV		130 STREET ADDRESS / ZIP CO	- 124 . 14
20	4. FA	THER'S NAME FIRST Charles	MIDOLE LAST - Keagle	15. MOTHER'S MAIDEN NA FIRST Mary	WE	Volk
medicol		AS DECEASED EVER IN U.S. AR S. NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECTION OF CONTROL SECTION O		ADDRESS LE 1927 OR	(21122) Pr. PASA.
rainer or emovol.		PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate	ly one couse per line for (o), (b), or D BY:  TE CAUSE (o) ASC VD  DUE TO, OR AS A CONSEOU  (b)	i Repusal to Eat		APPROXIMATE INTERVAL BETWEEN ONSEL AND DEATH  Montho  To Years
name ony injury, or either	CERTIFICATION	Chone C	196. CONDITION FOR WHICH	DEATH BUT NOT RELATED TO THE TERM HOPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF Y	GIVEN IN PART TIO:  YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO NO
		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D	YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM T	8 PART I OR PARI 2}
ked or i	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	PARM. ETC ) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
21 is mo	1	sow the deceased alive on obove, (17 (we) (did) (did no	tol) attended the deceosed from 21 19 19	86 , and that in (my) (corr opinion	deoth Scurred on the date and h	, 19 6, that (TT (we) last
Stote Dept.		226. SIGNATURE	noten, MS	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1221. DATE SIGNED
WPORT	7	PETER H.	RHEINSTEIN,	MD MARYLAND	MANOR NURSI	NG HOME
	- (	JRIAL, CREMATION, REMOVAL PECIFY) Burial		oly Redeemer Cem.	Baltimore,	county State - Maryland
50M 4/83 5, 4)		neral director McCully Funeral	3204,00RESS N L Home/ Pasadena	Mountain Rd.	L 2 4 1986	ISTRAR'S SIGNATURE



BALTIMORE, MARYLAND 21201	
BALTIMO	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., B	
, 201 V	
L RECORDS	
ON OF VITA	
DIVISI	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and c should be detached for use as the busial-transit permit. Then please remove corbonpapers, Pages with the State Dept. of Health and Mental Hygiene prior to busial, cremation, or removal.

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funeral director, page 3 thin 72 hours after death

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1-	FOR STATE REGISTRAR		DE		HEALTH AND MEN	TH	REG. NO.		3 5	3
	CEASED NAME OR PRINT)	FIRST	MIDDLE		LAST	5.1	20 DATE OF DEATH MO	ONTH DAY	YEAR	26 HOUR
		Oliver	Ted		Keatley		7	30	86	6:45
3. SE)	х	4. 1	RACE	5. DATE	OF BIRTH	YEAR	AGE (IN YEARS LAST BIRTHD	MONTE	DER I YEAR	HOURS A
	Male		White	9	8 2	21	64	YRS.		
Je. BI	IRTHPLACE (STATE O	R FOREIGN 76	CITIZEN OF WHAT COU	NTRY? 8.	IEDXX NEVER MARK	RIED 🗆	BALTIMORE CITY OR	COUNTY OF	DEATH	0.7491
We	st Virgin	ia	U.S.A.	WIDOV		CED 🔲	Anne Arun	del Co	unty	
/	ITY OR TOWN OF DE	EATH 11	NAME OF HOSPITAL, NEW POLIN SUCH FACILITY, GIVE	E STREET ADDRESS)	( Home )	ION	Truck Drive		L KIND O	F BUSINESS
73a. S	AL RESIDENCE (IF NU STATE Lryland	13b. COUNTY		E BEFORE ADMISSION R TOWN Imore	1136 INSIDE CITY L	IMITS?	3 STREET ADDRESS / Z	IP CODE Venue	2122	25
14 FA	ATHER'S NAME FIRST	MiD	DIE K	eatley	15 MOTHER'S MA	IDEN NAM	E WIDDIE		You	ng
	WAS DECEASED EVE			L SECURITY NO. 2-0166		Keatl	ADDRESS By 2245 Gray		1220 Rd Ba	alto M
	C by a	IMMEDIATE (	DUE TO, OR AS A CON	ISEQUENCE OF	/	A .				
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AL CERTIFICATION	gove rise to in couse (a), stoft underlying couse PART 2 OTHER SIGNATURE OF OPER 21e, ACCIDENT WAS UNDERCONTRIBUTING	mediote ing the se lost.  GNIFICANT CON  ATION  NDERLYING  CAUSE OF DEATH	DUE TO, OR AS A CON  (c)  NOTIONS CONTRIBUTION  196 CONDITION FOR V  216. TIME OF INJURY HOUR A.M. MONT	ISEQUENCE OF LEGISLATION OF THE DAY YEAR	ON WAS PERFORME	D	20a AUTOPSY? 2	20b. IF YES, WE IN CERTIFYING YES	RE FINDING CAUSES	NGS USED OF DEATH?
MEDICAL CERTIFICATION	gove rise to in couse (o), stoft underlying couse PART 2 OTHER SIGNATURE OF OPER 210, ACCIDENT WAS UNDERSTORED OR CONTRIBUTING (IF EITHER, NOTIFY ME 21d. INJURY OCCU	MEDICAL EXAMINER)  RED  Medical EXAMINER  Medica	DUE TO, OR AS A CON  (c)  NOTIONS CONTRIBUTION  196 CONDITION FOR V  216. TIME OF INJURY	ISEQUENCE OF LUCY OF THE PROPERTY OF THE PROPE	ON WAS PERFORME	D	20a AUTOPSY?   2 YES   NO	206. IF YES, WE N CERTIFYING YES NITEM 18 PART 1	RE FINDING CAUSES  ORPART 2)  COUNTY	NGS USED OF DEATH?
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DHMH - 16 50M 4/83 (VRA 15, 4)

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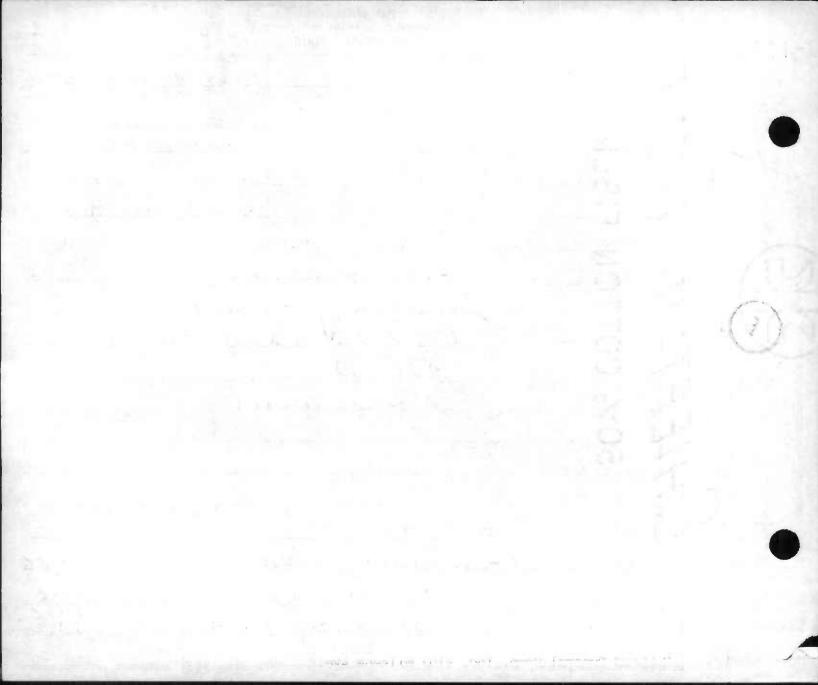
CHARLES HORACE KEITH, SR. 4 RACE 5 DATE OF BIRTH 3 SEX MONTH VEAR MALE WHITE 1917 BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED MARYT AND U.S.A. WIDOWEDX DIVORCED CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Meridian Nursing Home Severna Park SUAL RESIDENCE (IF NURSING HORE OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
30. STATE 136 COUNTY 136 CITY OR TOWN 30. STATE 13d. INSIDE CITY LIMITS? Maryland Baltimore 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE Horace W. Keith Henrietta 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) YES 215-01-7829 W II Charlotte A. Lowman 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) 201 W. PRESTON Conditions, if any, which gove rise to immediate couse (o), stoting the underlying couse lost CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? YES [ NOF 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER) P.M 10 21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY AT HOME STREET FACTORY, OFFICE FARM ETC 1 STREET AT WORK NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on obole. (1) (we) (did) (did not) view the body diter death DEGREE ATTENDING should be deto APORTANT: 22e ADDRESS 230 BURIAL CREMATION REMOVAL 23h DATE (SPECIFY)

Hubbard Funeral Home, Inc. 4107 Wilkens Ave

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR LAST . DECEASED NAME FIRST 20 DATE OF DEATH MONTH DAY YEAR 2b HOUR TYPE OR PRINT 1986 IF UNDER I YEAR AGE (IN YEARS LAST BIRTHDAY) BALTIMORE CITY OR COUNTY OF DEATH Anne Arundel County 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Self Employed Produce 13e STREET ADDRESS / ZIP CODE 1839 Ramsey Street LAST Eckert ADDRESS 21144 1400 Pride Tree Circle APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 CITY OR TOWN COUNTY STATE C and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED STAFF PHYSICIAN DIRECTOR PHYSICIAN Burial 7/14/86 Loudon Park Cemetery Baltimore 24 FUNERAL DIRECTOR BY REGISTRAR 256. REGISTRAR'S SIGNATURE 21229 ADDRESS.



- 156511	REGISTRAR		CERTIFICATE OF DEATH	REG. N	Ю.
	DECEASED NAME FIRST	MIDDLE	LAST	2a DATE OF DEATH	MONTH DAY YEAR
y be	WILLIAM	THEODORE	KELLY Jr.	JULY	26, 1986
3. S	SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BI	RTHDAY) IF UNDER LYEAR
ge 4	Male	White	Sept 8, 1923	62	YRS.
2 1 7a.	BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED X NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEATH
好 20	Maryland	U.S.A.	WIDOWED DIVORCED	ANNE AR	RUNDEL COUNTY
9 3 0 10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION	17a. USUAL OCCUPAT	TON 126. KIND C
509	GLEN BURNIE	NORTH ARUNDEL	HOSPITAL	Sr Techn	
Pag plan	Md . 13b. COUR	VIY 13c. CITY OR TOW	N 13d INSIDE CITY LIMITS?	13e.STREET ADDRESS 265 Har	
CO PER PER	FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	ME MIDDLE	
ond S	William		r. Anna	B.	VanDei
160		MED FORCES? 166 SOCIAL SECU		ADDR	ESS
Padicol 16a	Yes W.	W. II 217 16	3153 Janice A	. Kellv	same as 13
ovol. nt, the	18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	ly one couse per line lbr (o), (b), on D BY:	dicin distribution	- 14	APPROX BETWEEN
g by rem	IMMEDIA	TE CAUSE (b) S COC	a sull to (2)	7 diac	
cork n, or motic		DUE TO, OR AS A CONSEQUE	ENCE OF		
nove otio	Conditions, if ony, which gove rise to immediate	(b) 12-110C	matte quel to	9 Cust	2
y the crem ther	couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONFEQUE	ENCE OF OPEN	Ma.	
or o		(c) 11 CV1C	orsum effue	7)07	
sign hen j la bu		CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RETAILED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART III
cote has been signarist permit. The Hygiene prior to b 8 shows any injur	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDIN
hos ene per ows				YES NO	IN CERTIFYING CAUSES YES
Hygi Hygi		216. TIME OF INJURY	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM IB PART I OR PART 2)
	OR CONTRIBUTING CAUSE OF DE	AIH	19		
	21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	CITY OR TO	OWN COUNTY
s the and rked o	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE, F	ARM, ETC.)	· n/	20121
se o se o mo	22a.1 certify that (1) (this hasp	tal) attended the deceased from_	1124 1001	_ 1o [	76 19 X 6
for u	phave (I) (we) (did) (did no	1) view the body after death.	, and that in (m) (our) opinion	death accurred on the d	ate and Hour and Irom the
hed hed them	171 SPS NATURE	()	DEGREE	0.0.400	22c. DATE
AL D Ste D	alen	al	ATTENDING PHYSICIAN	MEDICAL STA	
STAN STORY	22d. PHYSICIAN'S NAME WYPE C	R PRINT)	27e ADDRESS 325	HOSPITAL I	RIVE, SUITE
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FOR

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ame as 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ION GIVEN IN PART 110 Ob. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES [ NO [] TIEM IS PART I OR PART 21 COUNTY STATE that (I) (we) lost and hour and from the causes stated 22c. DATE SIGNED IVE, SUITE 104 21061 RECEP FROL. M.D. GLEN BURNIE, MARYLAND 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE CITY OR TOWN STATE (SPECIFY) Burial 7/29/86 Md. Veterans Cem Crownsville Ma. REC'D. BX REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR ADDRESS Balto Md 21225 ndelow George J. Gonce 4001 Ritchie Hgwy.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CEPTIFICATE OF DEATH

EDT 26 HOUR

215 AM

IF UNDER 24 HRS

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Appliance

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DHMH - 16 60M 7/84 (VRA 15, 4)

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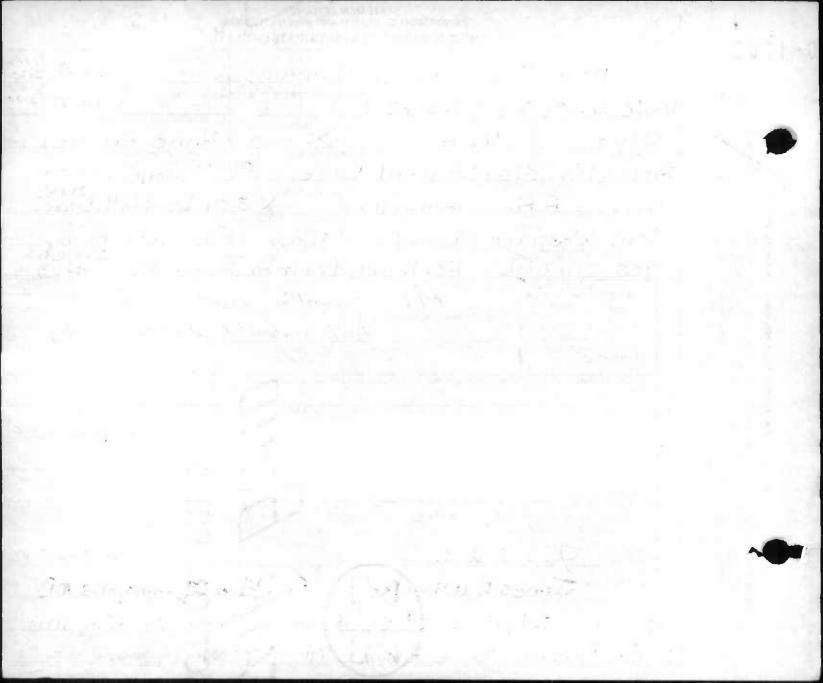
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	]
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TO HOSPITAL OR ALTENDING PHYSICIAN. The low requires from certificate be executed within 24 hours oner depin. Fage 4 may be recipied by the hospital or attending abscission.	2
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3	}
should be detached far use as the buriol-transit permit. Then please remove corbonpope's. Pages Jond 2 should b 👚 🕮 🚅 2 hours after death 🔔	3
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1-332		FOR STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	8 5 3 5 EDT
o ma . , *	1 DE	OR PRINT) AKA: Franc FRANCES	es C. LOUISE	Kossa KOSSA	JULY 01	1986 835 PM
ctor, poge s offer deo	3. SE		4.RACc White	S. DATE OF BIRTH  MONTH DAY YEAR  Oct. 15, 1906	6. AGE (IN YEARS LAST BIRTHDAY) 79 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
nerol dire		RTHPLACE (STATE OR FOREIGN COUNTRY)  Illinois	76. CITIZEN OF WHAT COUNTRY?		9 BALTIMORE CITY OR COUNT ANNE ARUNDE	
s offer d	10. CI	GLEN BURNIE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET NORTH ARUNDEL		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING I) Office Clerk	12b. KIND OF BUSINESS OR INDUSTRY  Civil Service
24 hour filled in sould b	13a S	STATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE  ITY  I3c. CITY OR TOW  A CO. Glen Bu	'N 130. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP COL 7908 D Vintage	DE .
mpletely ond 2 sh	JA FA	THER'S NAME Charles	MIDDLE LAST Clark	15. MOTHER'S MAIDEN NA FIRST Mary	MIDDLE	Kelly
Poges 1			MED FORCES?   166 SOCIAL SECU E WAR OR DATES) /A 215.07.5	(5011)	ADDRESS 793 Kossa Glen E	33 Crownsway 2106: Burnie, Maryland
requires that the death certificate in signed by the attending physic. Then please remove carbon paper into burial, cremotion, or removal injury, or ather traumotic event, the	NO	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEOU  (b)  DUE TO, OR AS A CONSEOU  (c)  CONDITIONS CONTRIBUTING TO	wed Hoden		
N: The low rysicion. cote has bee onsit permit. Hygiene prio	CERTIFICATION	190 DATE OF OPERATION  4 1 8 6  210. ACCIDENT WAS UNDERLYING	Ruptwell 216. TIME OF INJURY	OPERATION WAS PERFORMED  AN COUNTY S ATT	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? (ES
G PHYSICIAN ottending phy per this certific is the buriol-trop ond Mental Hrked or Item 18	MEDICAL (	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		211 LOCATION	CITY OF TOWN	COUNTY STATE
t ATTENDING tospital or o RCTOR: Afre ed for use as pt of Health em 21 is mort		220.1 certify that (1) (this hospi	tal) ottended the deceosed fram_ 1) view the bady after death.		n death accurred an the date and ha	, 19 , that (I) (we) last our and from the couses stated
PITAL O by the ERAL DI ce detocl Store De		274 PHYSICIAN S NAME (1991 C	e reports		MEDICAL STAFF DIRECTOR PHYSICIAN	7/2/87
retained by 1 TO FUNERAL should be dee with the State IMPORTANT:	230 1	CONSTANTINE BURIAL, CREMATION, REMOVAL	J PADUSSIS M. 1 23b. DATE 23c.		00 RITCHIE HIGHW. NIE MARYLAND 21 1734 LOCATION	
BP		Burial /		ew Cathedral Cemet	tery Baltimore	state Md.
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	Singleton Fund	eral Home Glen	Burnie, Maryland	UL 3 1986 CHIMA	Dundon Vendelle

7500 NITCHE THE PART OF THE PA AND REALIZABLE SERVICES OF STREET STREET, THE PARTIES.

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•	fter deoth. Page 4 may be	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MAR AND 2126	1	
DIVISION OF VITAL RECORDS, 20	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	retained by the hospital or ottending physicion.

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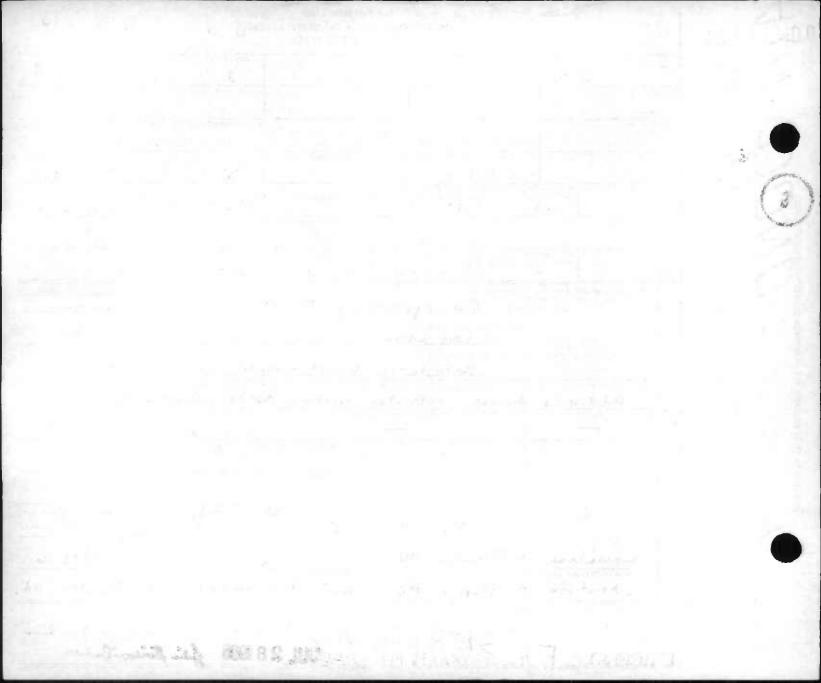
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Page Cond 2 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, ar removal.

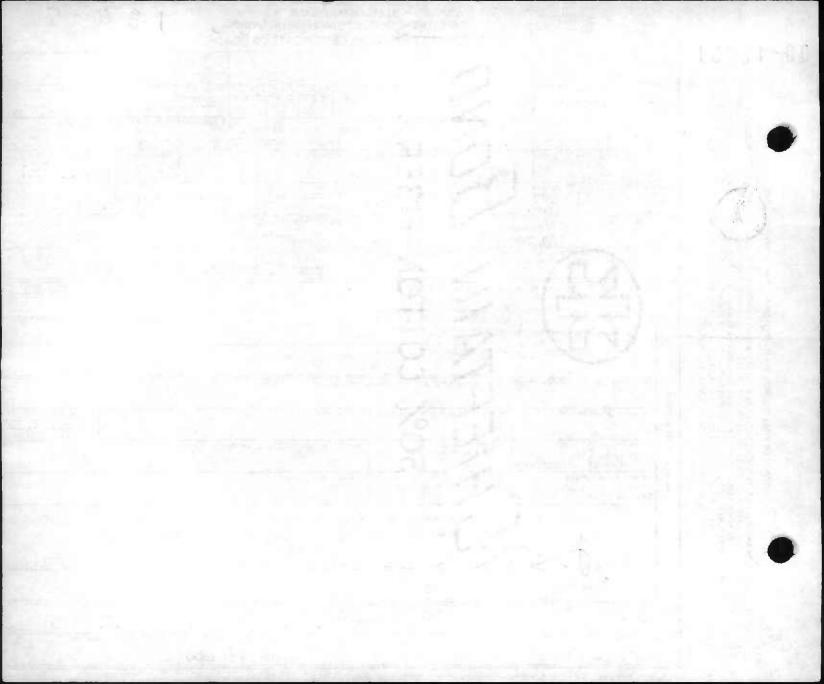
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	REGISTRAR				ICATE OF DEATH	REG. N		33.53	11
	CEASED NAME	FIRST	MIDDLE	L	AST	20 DATE OF DEATH	MONTH	DAY YEAR	2b HOUI
		rgaret	Α.	Kr	ecz	July	22,	1986	9
3. SEX	(	4 RACE		5. DATE O		6 AGE (IN YEARS LAST BI	(THDAY)	MONTHS DAYS	IF UNDER 2
F	emale		aucasion	Aug	- 0 - 0 - 0	73	YRS.		
	RTHPLACE (STATE OR FOR		ZEN OF WHAT COUNT	AAADDAE	NEVER MARRIED	9 BALTIMORE CITY	R COUNT	Y OF DEATH	
Ma	aryland		ited Stat	es widowe	D NORCED	Anne Aru			
10. ⊂11	TY OR TOWN OF DEATH	(IF N	OT IN SUCH FACILITY, GIVE ST	REET ADDRESS)	R OTHER INSTITUTION	120 USUAL OCCUPAT		12b. KIND O IFE) INDUSTRY	F BUSINE
-6	rnold		3 College			Mother		Home	make
13a, S1		HOME OR OTHER INS	STITUTION GIVE RESIDENCE BE	OWN	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP COE	DE .	
Mo		A.A.	Arno	ld	YES NO 🛣	458 Coll	.ege	Pkwy./	2101
2	THER'S NAME	MIDDLE	_ LAST		15. MOTHER'S MAIDEN NA FIRST	ME		LAS	
	everly		Fishp		Mary	Ε.		Jone	S
160. W	VAS DECEASED EVER IN ES, NO OR UNKNOWN) {	U.S. ARMED FO	DATES		17. INFORMANT	ADDR	,		
No	0	-	214-0	5-2951	Mr. Larry	Carroll	(same	as 13)	
	18 CAUSE OF DEATH	Enter only one co	ause per line for (a), (b)	, and (ci.)				BETWEEN	MATE INTERV
		MEDIATE CAUS	E(0) Cardio	PUlmar	ary Arres	7		MIRU	tes
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ш	cause (a), stating		ETO, OR AS A CONSE		1			dy 1	70
				tatic	breast can				
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CERTIFIC	21a. ACCIDENT WAS UNDER	YING T 21h	TIME OF INJURY		21c HOW INJURY OCCUR	YES NO		ES DEPART 2	NO [
	OR CONTRIBUTING CAU	SE OF DEATH	OUR A.M. MONTH			TEN (EMIEN MATORE OF MOR	, av ire riem ib	TART CATARTY	
0	(IF EITHER NOTIFY MEDICAL		P.M.	19					
. 0	214 IN ILIPY OCCUPPED	) 121.	DI V CE CE IN II IDA		211 LOCATION				
<u> </u>	21d. INJURY OCCURRED	IAT	PLACE OF INJURY HOME, STREET, FACTORY, OFF	ICE FARM, ETC )	211 LOCATION STREET	CITY OR TO	)WN	COUNTY	51
	WHILE NOT WHILE AT WORK	(AT	HOME, STREET, FACTORY, OFF		STREET		)WN		
	WHILE NOT WHILE AT WORK  22a.1 certify that the deceased	(AT nis hospital) atte	nded the deceased fro	mA	STREET 19	10 July		, 19_ \$(	that (I) (w
	while AT WORK 220-1 certify that 11 the saw the deceased above, (1) (we) (did	(AT nis hospital) atte	HOME, STREET, FACTORY, OFF	om A	of that in (my) (aur) opinion	10 July		, 19, our and fram the	that (I)(w
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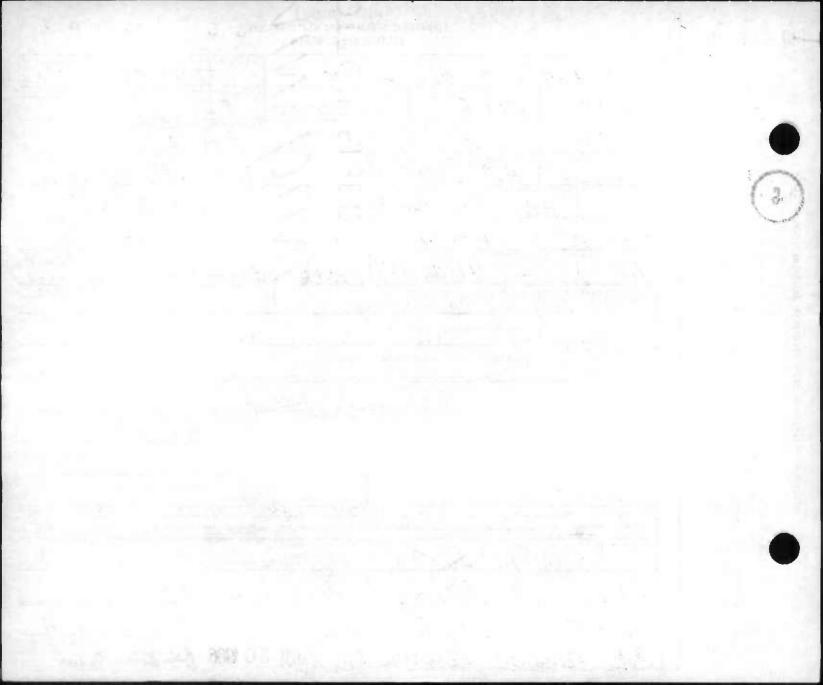
	- STATE REGISTRAR			DLI AKII		EALTH AND MENTAL HY ICATE OF DEATH	OILINE O	REG. NO.			
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STATE OF MARYLAND

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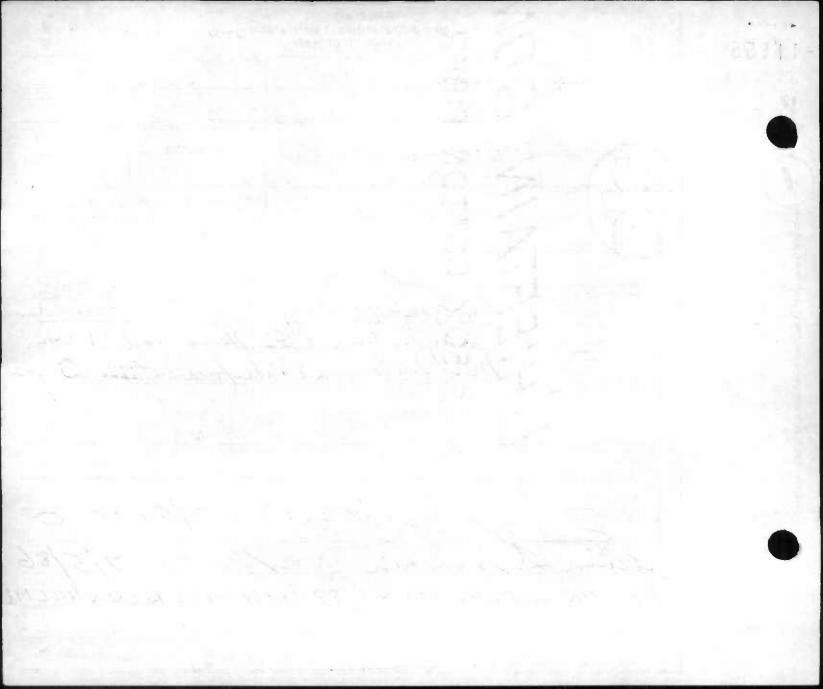
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11150	FOR - STATE	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG	IENE 3 5 1 8	3 3 3 9
4456	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.	
	DECEASED NAME FIRST (YPE OR PRINT) EL/Z	ABETH M. LONG	20. DATE OF DEATH MONTH ON	YEAR 2b. HOUSE
s offer de	FEMALE	RACE S. DATE OF BIRTH  WHITE S.DATE OF BIRTH  WONTH 22 - 22 - 00		UNDER 1 YEAR IF UNDER 24 HRS
neral din	BIRTHPLACE (STATE O) FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OF COUNTY C	DF DEATH MI
And the to	TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (IF HOT IN SUCH FACILITY GIVES TREET ADDRESS)  (IF OF THE PROPERTY OF	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126. KIND OF BUSINESS OR INDUSTRY
ould be		AE OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION   13d INSIDE CITY LIMITS?	130.STREET ADDRESS / ZIP CODE.	21146 RD
and 2 so	FATHER'S NAME SAM 11-E1	MIDDLE FOULAST ARSINE		RISTIASI
	. WAS DEGEASED EVER IN U.S. (YES, NOOT U KNOWN) (IF YES	ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT S, GIVE WAR OR DATES) 17828 7807 / AUTO 6	FINZ - RALT	COLLINS DOLE
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Then plex to buring injury, or		NT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE	N IN PART 11a
Hygiene prior to 8 Move any injur	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b IF YES,	WERE FINDINGS USED ING CAUSES OF DEATH?
E. B. C. Store	OR CONTRACTOR CAUSE OF	FDEATH HOUR A.M. MONTH DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	IT I OR PART 2)
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OAL DIRECTORY CONTROL OF THE PROPERTY OF THE P	22b. SIGNATURE	DEGREE	MEDICAL STAFF DIRECTOR   PHYSICIAN	7/26/86
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23	BURIAL, CREMATION, REMO	VAL 236. DATE / 231. NAME OF CEMETERY OR CREMATORY  DESIGNATION OF THE PROPERTY OF CREMATORY	1236 LOGATION TOWN	Quesit A.
H - 16 60M 7/B4 (VRA 15, 4)	FUNERAL DIRECTOR BY	LAURED SPACESSING OF 250, DAT	E REC'D. BY REGISTRAR 25b. REGISTR.	AR'S SIGNATURE



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	201 W. PRESTON	ST. BALTIMORE,	MARYLANG	1201	
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UNERAL DIRECTOR. After this certificate has been upseed by the attending physician and completely filled in by the tuneral a Id be detached for use as the burial-trunsit permit. Then places remove surban papers, fagus, I and a highd within 72 is	ned by the offerding	g physician and co	ompletely filled in andia shadid ha	n by the fun e filed within	naletely filled in by the funeral of

5.5	1 -	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO.	8 0 4 0
		CEASED NAME FIRST OR PRINT)	WIDDIE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
dept dept		Harry	Eugene	Long III		5, 19863:38Am
8 4 4	3. SE>		4 RACE	S. DATE OF BIRTH	& AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS HOURS MIN.
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883		NTHPLACE (STATE OR FOREIGN OUNTRY) Virginia	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED X	Anne Arunde	
I AN	10 CT	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSII	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126. KIND OF BUSINESS OR
1390	Sh	ady Side	4876 Idlewild	e Rd.	Teacher	N/A
e executed - (thin 24 sand completely filler Pages 1 ends shadd	Ma 14 FA	ryland Anne THER'S NAME FIRST  Harry Eugen (AS DECEASED EVER IN U.S. AR	Arundel Shad  MIDDLE  E Long, JR  MED FORCES?   166 SOCIAL SEC-  TEWAR OR DATES.)	y Sides No X 15 MOTHER'S MAIDEN NA FIRST Katherin	e ADDRESS Parrish	Oliver 's Chance
to see signed by the arrandon emil. Their please entroy tark is prior to burnot control or to any injury, or other troumark.	CERTIFICATION	Conditions, if any, which gave rise to immediate cause (a), stoling the underlying couse last.  PART 2 OTHER SIGNIFICANT (	7	DEATH BUT NOT RELATED TO THE TERM	IN CER	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
A STATE OF THE STA	ERTI	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM IS	YES NO
Physical Phy		OR CONTRIBUTING CAUSE OF DE		AY YEAR		
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TTENDIN pitol or 1 TOR Aff for use or of Health 21 is mor		220.1 certify that (1) (this hospi saw the decreased after on above 1 (we) (did raid no	ital) attended the deceased from.	8 c, and that in (M. (our) opinion	death accurred on the date any hi	that I (we) ast
O HOSPITAL OR A Poinced by the hosp or FUNERAL DIRECTONIST CONTRACTOR OF THE STORE DEPT.	0	226 PHYSICIAN'S NAME (TYPE OF	1. June	DEGREE ATTENDING PHYSICIAN 1276. ADDRESS	DIRECTOR   PHYSICIAN	7/5/86
retoined TO FUNE should be with the	23a B	KELUIN L	123b. DATE 123c	NAME OF CEMETERY OR CREMATORY	123d LOCATION	OXON HILL MA
BP	1	Byrial		iverview Cemetery	Richmond	Virginia State
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FU	NERAL DIRECTOR Hardesty Fun	eral Home Ann	apolis. Md. JUL	7 - 1986	STRAR'S SIGNATURE



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pe ^	death		CEASED NAME FINT FOR A	MIDDLE	YON	20 DATE OF DEATH MONTH 7-30	0-86 6:00 M
Page 4 ma	rrector, paurs after d	1.5	MALE	Black	ATE OF BIRTH  MONTH - DAY - GAR	6 AGE (IN YEARS LAST BRITHDAY)  2  YRS	IF UNDER 1 YEAR IF UNDER 24 HRS
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BALTIMORE ficate be even	vsician an pers. Page oval. event, the		18 CAUSE OF DEATH (Enter only o	one couse per ling for (o), (b), and is:	670 Phyllis S	with ochika	APPOXIMATE INTERVAL REMATERI ONSEL AND DEADH
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RECORDS, 201	een signed Then plea or to buria any injury	NOI	PART 2, OTHER SIGNIFICANT COP	NOTIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM		Harchation
	cian. ficate has b nsit permit. Hygiene pri	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPER	/	YES NO YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH? S NO
DIVISION OF VITAL	is cert rial-tra dental or Iter	MEDICAL CI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DAY  P.M.  21a PLACE OF INJURY	YEAR  19  21f LOCATION STREET	RED (ENTER NATURE OF INJURY IN ITEM 18, P	PART T OR PART 2)
DIVISIO	R: After as the balth and sinarke	WE	WHILE NOT WHILE AT WORK  22a   certify that (I) (this haspital)	(AT HOME, STREET, FACTORY, OFFICE, FARM, E	TC.) STREET	CITY OF TOWN	COUNTY STATE
A P	hospital of DIRECTO hed for us Dept. of H		sow the deceased alive on obove, (I) (we) (did) (did not) v	19	, and that in (my) (our) opinion of	death occurred on the date and hou	
OSPITAL	retained by the TO FUNERAL should be detack with the State E IMPORTANT:	1	274 PHYSICIAN S NAME (TYPE COME	FRANK	ATTENDING PHYSICIAN C	MEDICAL STAFF	7/30/86
01		23a	BURIAL, CREMATION, DEMOVAL	23b. DATE 23c NAME	OF CEMETERY OR CREMATORY	23d LOCATION	md.
	DHMH-16 25M (VRA 15, 4) 1/79	21 K	DIERAL DIRECTOR;	517-11 th DORES St. St.	E WASh De 250 DATE	E REC'D. BY REGISTRAR 250 REGIST  6 5 1986 Julia D	PRAR'S SIGNATURE

The state of the s Legislited De Thildren Leater Went Went None Work Wine a Ser None PAURICE DAVIS VERLIE LYEN No 25: St. St. W. W. Mis Ently or Willow Cot law of the Ell De Million or Lowel, mid Burne 1 Star to Howard House I Loudewit FAR THE H Librarden 3174 Host Hard De Condonalis I H

SALTIMORE, MARYLAND 21201	ote be executed within 24 hours at	risicion and campletely filled in by the pers. Pages 1 and 2 should be filed out.	t, the medical example multipe note
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PRESIDENCE THE low requires that the death certificate be executed within 24 hours offer	TO FUNERAL DIRECTOR, After the certificate has been signed by the attending physician and campletely filled in by the should be detached for use as the burild most permit. Then please remove carbon papers. Pages 1 and schauld be filed with the State Dept. of Health and Minntal Hygiene prior to burild, crematian, or removal.	IMPORTANT: If Item 21 is marked or Item 1 shows any injury, or other traumatic event, the medical example matter
III	TO HOSPITAL OR ATTENDING PRESICIAN. The retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After should be detached for use as with the State Dept. of Health	IMPORTANT: If them 21 is man

	1 -	FOR STATE REGISTRAR		DEPARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HYO FICATE OF DEATH	GIENES O	185	4 2
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	3 SE)	Hele	n D.	Man:	as Of BIRTH	July 5		YEAR IF UNDER 24 HRS
	3 027	Female	White	MONT		75	YRS MONTHS D	DAYS HOURS MIN
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0		TY OR TOWN OF DEATH  Crownsville		TY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF HOUSEWIFE	F WORKING LIFE) INDUS	ND OF BUSINESS OR TRY Usehold
5	U\$U/	AL RESIDENCE HE NURSING HOME COTATE 136 COU	OR OTHER INSTITUTION, GIVE RES		13d. INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS / 957 Diggs	ZIP CODE	1032
0	14 FA	THER'S NAME FIRST Oscar	MIDDLE Barne	LAST <b>es</b>	Virginia	MIDDLE	Mercer	n LAST
		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES G	IVE WAR OR DATES)	8-38-3464	17 INFORMANT Elmer Manas	ADDRE	Same as #	13
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イテ	_	210, ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [ CAUSE OF DI	21b. TIME OF INJU HOUR A.M. M		21c. HOW INJURY OCCUR	YES NO	YES THE TIME CALL	NO 🗌
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/		22d. PHYSICIAN'S NAME (19PE Dr. Peterso			22e ADDRESS 25 Shaw St	t. Annapolis	s. Md/	
	23a. B	BURIAL, CREMATION, REMOVA (SPECIFY) Cremation	1 236 DATE 7-7-86		cemetery or crematory	23d LOCATION CITY OR TOWN Baltimor	e Bali	STATE
4		uneral director 机柱扩散性非扩 Hardes	ty Funeral	- ADDRESS		TE REC'D. BY REGISTRAR 7 - 1986	256 REGISTRAR'S SIG	

Annapolis, Md

DHMH - 16 60M 7/B4 (VRA 15, 4)



0-13	291		FOR - STATE REGISTRAR		DEPARTMENT OF I	E OF MARYLAND EALTH AND MENTAL ICATE OF DEATH	REG. NO		4 S EDT
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AND 21201	y filled in should be f	N	JAL RESIDENCE (IF NURSING HOME OR STATE 13b COM		DENCE BEFORE ADMISSION) IYOR TOWN PERIVAPIK	13d. INSIDE CITY LIMIT	100 MA	MINS RO	\$46
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RECORDS, 7	nas been sign permit. Then ne prior to bu ws any injury.	CERTIFICATION	Metasta	ic CA	OR WHICH OPERATION	ad (	TERMINAL DISEASE OR CONI	206 IF YES, WERE FIN IN CERTIFYING CAUS	NDINGS USED SES OF DEATH?
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OR ATTENDIN	DIRECTOR: Af tached for use o Dept. of Health If them 21 is ma		22a. I certify that (1) (this hospi saw the deceased alive an above, (1) thee) (did) (did no 22b. SIGNATURE		19, o	DEGREE ATTENDIN	nion death occurred on the do	ote and hour and from the part of the part	the couses stoted
HOSPITAL	TO FUNERAL should be determined by the State		BASANT K. KHA		.D.	22e ADDRESS 74	N DORECTOR PHYSIC 22 BALTIMORE - A EN BURNIE, MAR	ANNAPOLIS B	
DHMI		9	BUNTAL, CREMATION, REMOVAL	7/25/8	230 NAME OF C	EMETERY OR CREMATO	& Seven	PKUNIA 250. REGISTRAR'S SIGN	A MA
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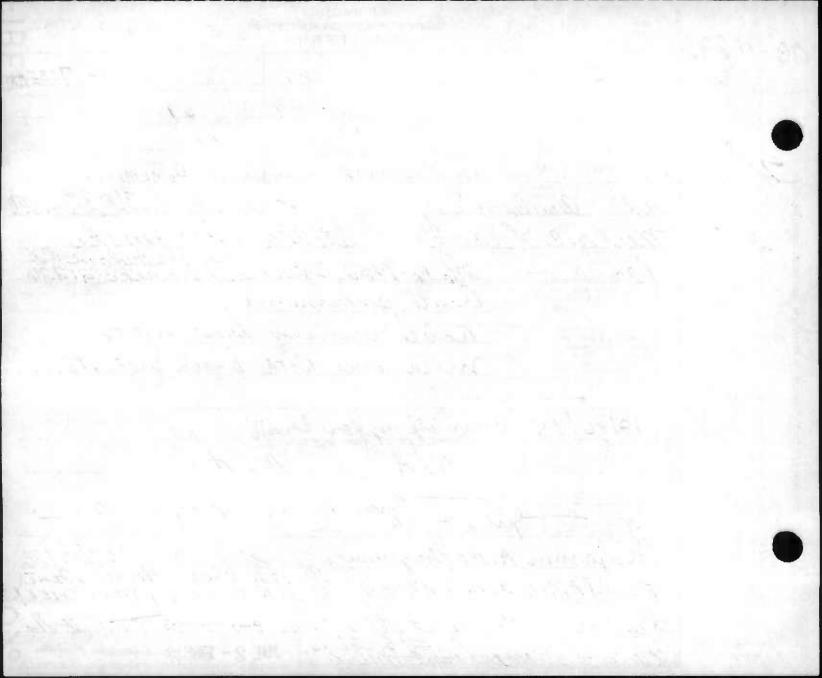
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STATE	OF	MARY	YLAND	

DEPARTMEN

TOF HEALTH AND MENTAL HYGIENE ERTIFICATE OF DEATH	6	1	8	0	4
	REG NO				

	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 6 REG. NO.	8044
	1. DECEASED NAME FIRST (TYPE OR PRINT) STELL 3. SEX FEMALE	A RACE INHITE	15. DATE OF BIRTH MONTH DAY YEAR	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR  2 84 7 354M  16 UNDER 1 YEAR 16 UNDER 24 HRS MONTHS DAYS HOURS MIN.
-	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED A NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUN	MD.
	GLEN BURNIENG	(IF NOT IN SUCH FACILITY, GIVE STRE NORTH ARUNDE	= L NURSTNG CON	(TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR INDUSTRY
	USUAL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION, GIVE RESIDENCE BEFO	WN IN INSIDE CITY LIMITS	302 Freeld	ind Hearth
	Michael	Lorens	15. MOTHER'S MAIDEN	a Fierse	wski
	146 WAS DECEASED EVER IN U.S. AL	RMED FORCES? 188 SOUTH SEC	6-9452 Edu	vard Marsin	Treford Rd.
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQ  (b)  DUE TO, OR AS A CONSEQ  (c)  CONDITIONS CONTRIBUTING TO	ANDMA WILL O DEATH BUT NOT RELATED TO THE T	thact my thact my the brain w  TERMINAL DISEASE OR CONDITION	Perton  GIVEN IN PART 110
	BY DATE OF OPERATION  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING AT WORK  21d. IN JURY OCCURRED  WHILE AT WORK AT WORK  22d. Locatific, 160; (1) (1); (1); (2);	21b. TIME OF INTUIN HOUR A.M. MONTH	19 2H LOCATION	CURRED (ENTER NATURE OF INTURY IN TIEM	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO COUNTY STATE  OUNTY STATE
	the deceased alive of		7	nion death occurred on the Bate and I	
	230. BURJAL, CREMATION, REMOVA	1 236 DAJE /86 234	NAME OF GEMETERY OR CREMATO	ORY CHYOLOGHOUN 65750	Enta 4 The
Carlotte Astron	24 SUNE HALL DIRECTOR	4 Adores	of & Julge 150	DATE REC'D. BY REGISTRAR III REC	STRAR'S SIGNATURE



4 pg 5		HTTPLACE (STATE OF	OREIGN	7b. CI1
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RE, MARYLAN provided within: 3 d completely the conference of completely the conference of conferenc	16a. V	Christoph WAS DECEASED EVER	er IN U.S. AR	MIDDLE
TIMO to the same of the same o	(	YES, NO OR UNKNOWN)	JIF YES, GR	/E WAR C
PHYSICIAN: The Tow impaires that the death certificate rending physician.  This certificate has been signed by the attending physic he build intermit parms. They please remove carbonapte and Americal Hyginian pains to buring, cremation, or removal and annual signification or removal and an IR shows any injury, or other traumorks event, it	AL CERTIFICATION	Conditions, if ony, gove rise to imm couse (o), stotin underlying couse  PART 2 OTHER SIGN  19a DATE OF OPERA  21a. ACCIDENT WAS UNIOR CONTRIBUTING	Which mediate g the lost	D D CONDI
DIVISION C ATTENDING PHYSIC hospital or attending RECTOR. After this ce est for use as the busic est for use as the busic pi or Health and American pi or Health and American em 21 is marked as less	MEDIC	(IF ETHER NOTIFY MEDI 21d. INJURY OCCUR! WHILE NOT WHAT WORK NOT WHAT WORK AT WO 220. I certify that (1) sow the decess obove, (1) (ye) (c)	RED  (this hosp ed olive on	21 (/
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6.5	23a. I	BURIAL, CREMATION,	REMOVAL	23b.

DHMH - 16 60M 7/84

(VRA 15, 4)

FOR

REGISTRAR

Female

LILLIAN

IMMEDIATE CAUSE IO

23b. DATE

Burial

24 FUNERAL DIRECTOR

4 RACE

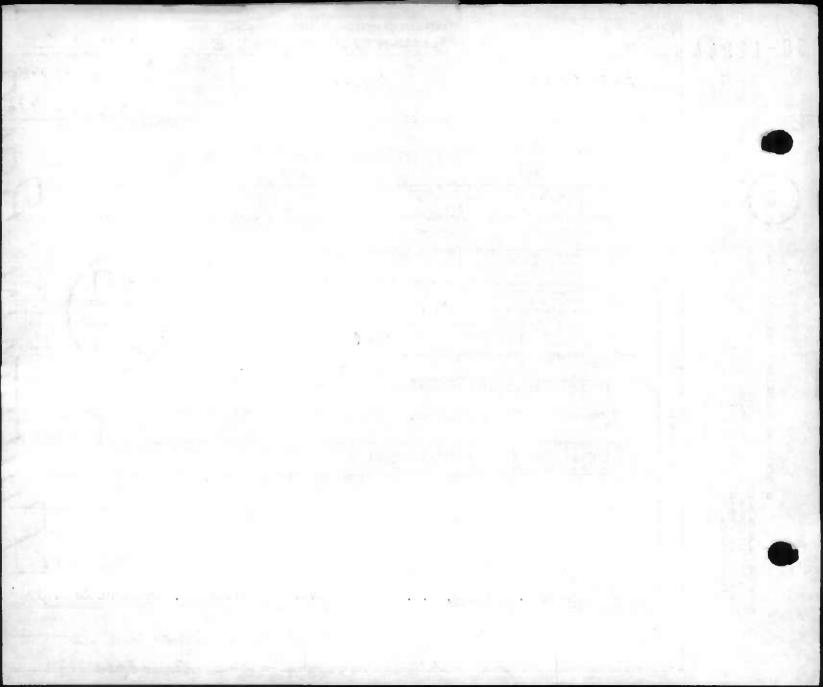
DECEASED NAME

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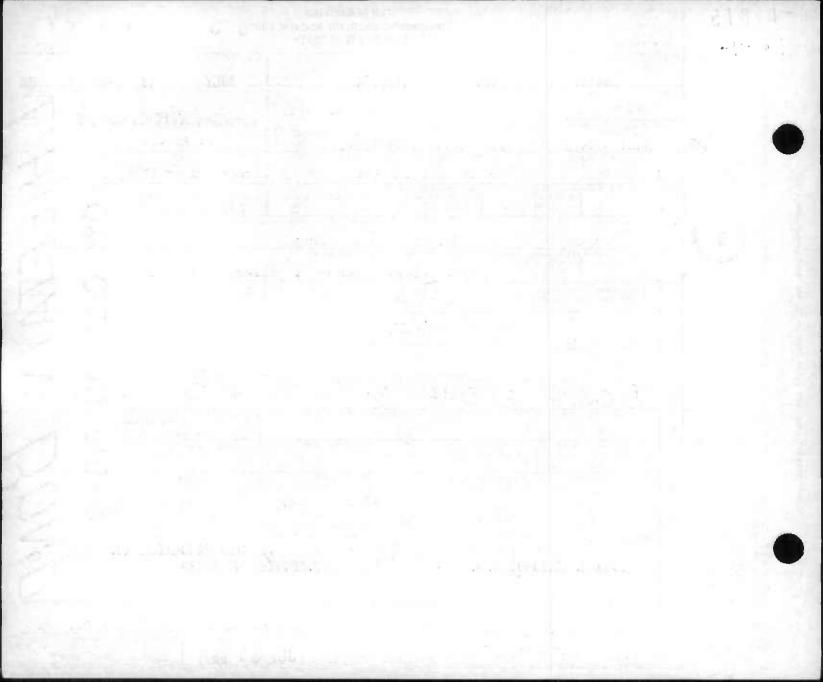
## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH REG. NO AUD DUE 2n DATE OF DEATH 26 HOUR KATHERIN MATTHEWS JULY 13, 1986 1140 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS 5. DATE OF BIRTH MONTH DAY YEAR White August 12, 1915 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED ANNE ARUNDEL COUNTY United States WIDOWED X MD. 1). NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING HEE! INDUSTRY "NORTH CHARMSTATE POR TO SPITAL Inspector Koppers Co. SIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Anne Arundel Pasadena 719 Powhatan Beach Rd. YES | 15 MOTHER'S MAIDEN NAME LAST MIDDLE Reichert Blanche Harmer ADDRESS 259 Mallard Dr. DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT LIF YES GIVE WAR OR DATEST Pasadena, Md. 21122 Archimald 215-05-0492 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH AUSE OF DEATH (Enter only one couse per line for 101, (b), and (c).) DUE TO OR AS A CONSEQUENCE OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO YES [ NO | 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR PM 21e PLACE OF INJURY 21f. LOCATION STREET COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) certify that (1) (this hospital) attended the deceased from sow the deceased olive on obove, (I) (ye) (did) (did not) view the body ofter death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE/SIGNED VY ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 7422 BALTHWORE-ANNAPO BASANT KANDLEWHAL, M.D. BURNIE, MD 21061 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION July 16,86 Glen Haven Mem. Park Glen Burnie, Anne Arundel, Md. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 3204 Mountain Rd. McCully Funeral Home / Pasadena.Md. 21122

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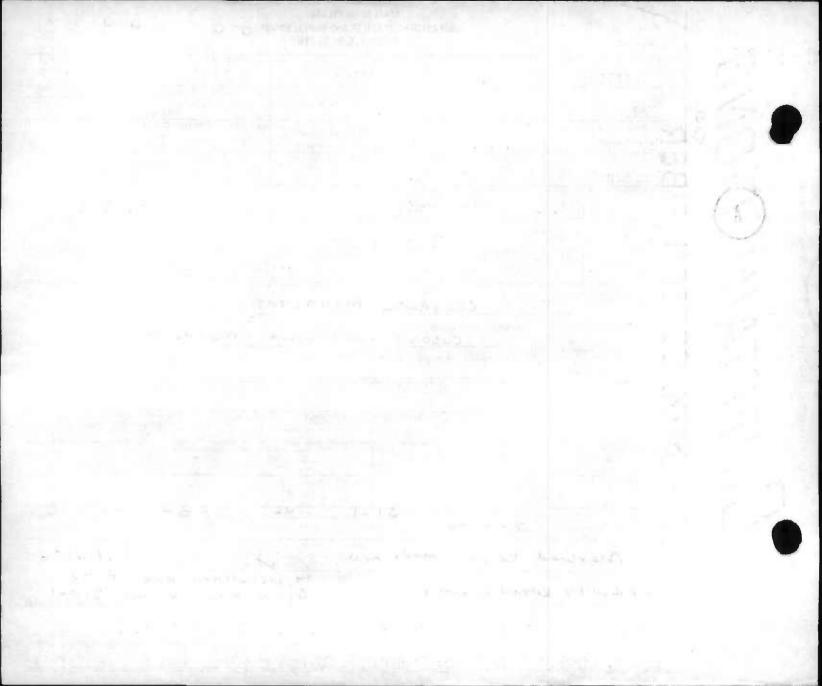
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ł		Conra	d	Miller			Edna				Lamb	pert
Ī		AS DECEASED EVER IN U.S	S. GIVE WAR OR DATES!	166. SOCIAL SECU	RITY NO.	17. INFORMA	NT		ADDRESS			
l		No N	/A	218.01.1	090	Bonnie	E, Mi	ller	(Wife)	Same a		
ſ		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	er only one couse p	er line for (o), (b), an	A	Ille	11-12	2		-	APPROXIMA BETWEEN ON	ATE INTERVAL SET AND SEATH
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7	CERI	21a. ACCIDENT WAS UNDERLYIN		OF INJURY		21c. HOW IN,	JURY OCCURE	RED (ENTER NAT	TURE OF INJURY IN		OR PART 2)	
	AL	OR CONTRIBUTING CAUSE C		A.M. MONTH DA	19	1						
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ı	×	WHILE NOT WHILE	[AT HOME	STREET FACTORY, OFFICE, F	ARM, ETC.)	1/0	-		/ - 0			317112
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-		726 SIGNATURE OF V	000011	20		DEGREE	5.4	12 OLD	משתשמש	ICK R	224 DATE S	IGNED
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	{	Cremation	July	29,1986 Se	curit	y Proce	ess, In		tonsvil		A A Co	Md.
	24 FU	INERAL DIRECTOR .	Moral	1	- 1.0		25a. DAT	E REC'D. BY RE	EGISTRAR 25b	REGISTRAR		
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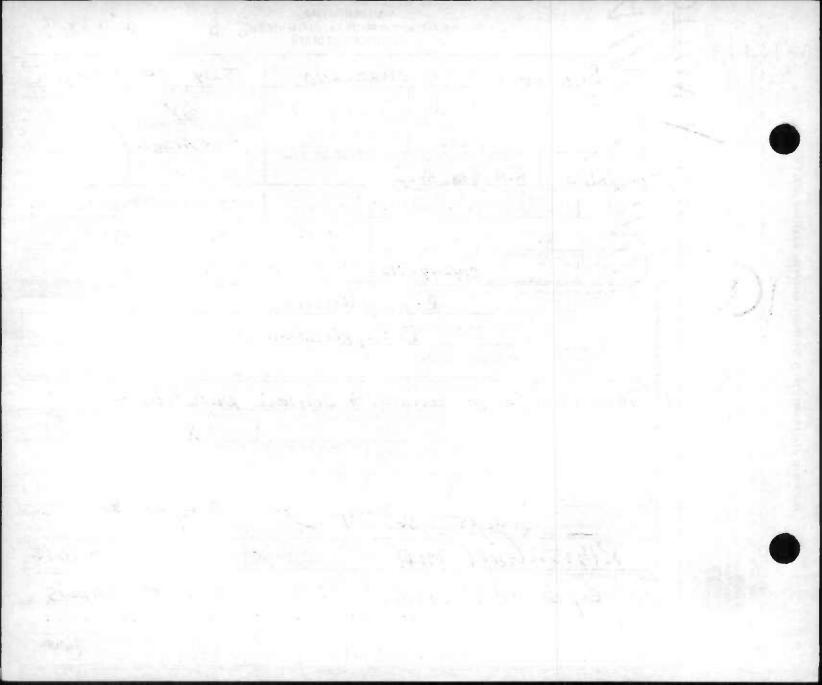
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2	-	William	M	H	M.	iller		Nora	ST		WIDDLE		Brown	
1		VAS DECEASED EVER IN		ED FORCES?	166 SOCIA	L SECURITY I	NO. 1	1 INFORMANT			ADDRES			
med.	,	yes	WW 2		212-0	1-7956		Bertha	a Mille	er sa	me as	13		
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injury.	z	PART 2 OTHER SIGNI	EICANT CO	DNDITIONS	ONTRIBUTIN	IG TO DEATH	H BUT N	OT RELATED TO	THE TERMI	NAL DISEASI	ORCOND	ITION G	IVEN IN PART 10	a
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7	IFIC.	THE DATE OF CITERAN	,,,	178 CON	SITION TOK	······································		***************************************		YES 🗆		IN CERT	IFYING CAUSES	
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7	AL C	OR CONTRIBUTING CA	USE OF DEAT		a.m. mont p.m.	H DAY Y	YEAR							
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	M	WHILE NOT WHILE		(AT HOME S	TREET FACTORY,	OFFICE FARM E	TC 1	STREET			CITY OF TOV	V 174	COUNTY	STATE
		22a.1 certify that (I) (t	his haspita	ıl) attended 1	he deceased			21	19 86	, ta	7- 8			that (I) (we) last
		saw the deceased abave, (I) (we) (dia	alive an_	7 - 1	8 - 86	_19	, and	that in (my) (au	ur) apınıan d	eath accurre	d an the da	te and ho	our and fram the	causes stated
		226 SIGNATURE						GREE					22c. DATE	
		sear	Shad	Ren	marile	Med	1 h		ENDING YSICIAN					4186
1		22d. PHYSICIAN'S NAM						22e. ADDRESS	14, W	EUH	M	AV	€. #10	23
T T		HARSHA	D RI	ymn1	k mo	DY			GLE	N BL	IRNI	5	mp. 2	1061
1		BURIAL, CREMATION, RE	MOVAL	23b. DATE		23t. NAME	OF CEA	AETERY OR CRE	MATORY	23d LOCA	TION		COUNTY	STATE
		Burial		15 Ju	1y 86	Glen	Hav	en Mem.		Glen	Burn		A.A.	MD
7/84		UNERAL DIRECTOR			AD	DRESS			25a. DATE	REC'D. BY R	EGISTRAR	Sb. REGIS	STRAR'S SIGNAT	URE &
		lames S. Kir	kley	Funer	al Home	<u>e Glen</u>	Bur	nie MD	DUL	I O 188	30			ž.

- STATE REGISTRAR STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE &
CERTIFICATE OF DEATH



(VRA 15, 4)

	1 -	FOR STATE	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	GIENES 6	8 5 4 9
1113		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
poge 3		CEASED NAME FIRST EVELY	GENEVIEVE	MORELAND	July 26	1984 12am
	3. SE)	FEMALE	A. RACE WHITE	5. DATE OF BIRTH  MONTH  DAY  YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
deoth. Poge 4	(	RTHPLACE (STATE OR FOREIGN ) OUNTRY) ARYLAND	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY	, /
ofter de y the fun ed withir ed withir ed withir ed oil				ADDRESS)	120 USUAL OCCUPATION  (TYPE OF WORK FOR MOST DE WORKING HUMEMAKER	12h KIND OF BUSINESS OR
24 hours	13a S	L RESIDENCE LIF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)	132 STREET ADDRESS JOHN 69	PS ISLAND RD.
al rithin		THER'S NAME GEORGE W.	FORD LAST	15. MOTHER'S MAIDEN NA HATTE	F . MIDDLE	WARD LAST
/17		VAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SECU E WAR OR DATES) 2/4-44-		ADDRESS ELAND SAME AS	13E
		PART I. DEATH WAS CAUSED	ly one cause per line for (a), (b), an			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
is that the defithed to the offending to by the offending lease remove correctly, or remotion, or recorder troumotic		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	Jehry dutror		
quire; signe Then p to bur njury,	NO	PART 2 OTHER SIGNIFICANT C	10 01	DEATH BUT NOT RELATED TO THE TERM	1 4 6 -6 -	
on. hos been t permit. tene prior	CERTIFICATION	190 DATE OF OPERATION	1%. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CER	ES, WERE FINDINGS USED FIFYING CAUSES OF DEATH? YES NO
ICIAN TI g physicia ertificate iol-transit ntol Hygi	-	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	in the second se	AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM II	B PART I OR PART 2)
DING PHYS or attending After this control e as the bur alth and Me marked or it	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TOR: TOR: For us of He		220.1 certify that (1) (this haspit saw the deceased alive on above, (1) (well-did) (did not		le, and the vin (my) (per) opinion	deoth occurred on the date and h	, mar (ii (see) tosi
OR he		226. SIGNAJURE Brin	tueer m.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	7/26/86_
TO HOSPITAL etained by the TO FUNERAL should be detained the State with the State MAPORTANT:		ROONEY BY	rimhall m	D 1833-A F	ortst Ar. A	IN NApolis
BP		URIAL, CREMATION REMOVAL URIAL	7-29-86 H	NAME OF CEMETERY OR CREMATORY LLCREST CEMETE		A. AUNICO. MDSIATE
DHMH - 16 60M 7/84		OBERT E. EVAI	NS ANNAPOLIS,	MARYLAND 250. AL	TE REC'D. BY REGISTRAR 256, REGI	STRAR'S SIGNATURE



00-	12709	1.	FOR - STATE REGISTRAR		HEALTH AND MENTAL HYGIR	REG. NO	8030
	eoth eoth		CEASED NAME FIRST	MIDDLE MOC	ne land	20 DATE OF DEATH MONTH	14 86 PHOUR
200	bod a	3. SE	x	RACE 5 DATE	OF BIRTH	AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR AF UNDER 24 H
4	rs offi		male	White Ann	TH DAY YEAR	14 YR	MONTHS DATS HOURS M
	hou	To B	IRTHPLACE (STATE OF FOREIGN 76.	CITIZEN OF WHAT COUNTRY?	NEVER MARRIED	BALTIMORE CITY OR COUN	
1	unero	m	Januland	USH WIDOV	VED DIVORCED	Anne A	rundel
	with the	10 C	ITY OR TO WHOF DEATH	. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	20 USUAL OCCUPATION  (Type of work for most of working	GLIFE) JUDUSTRY
21201	À = = = =	开	mapolis It		neral Hospital	Ketired	Nostal Ser
D 21	Solid	130.	STATE 136 COUNTY	HER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION		3 STREET ADDRESS / ZIP CO	DDE O 1
LAN		I.L. F.	ATHER'S NAME	1. Ithnapolis	YES NO	1008 1 allwa	od Koad 2140
MARYLA	E GE	1	FIRST	DLE LAST	FIRST	WIDDIE	LASI
	s log	16a \	WAS DECEASED EVER IN U.S. ARME	D FORCES? 166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS	malzon
ALTIMORE,	Pages Medica	(	YES NOOR UNKNOWN) (IF YES GIVE W		ST'Nell Man	eland sam	10 as
ALTI	Erion .		18 CAUSE OF DEATH (Enter only o	ane cause per line far (a), (b), and (c).	1	CIUITO: 15	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
ST., B	physical property of physical		PART I. DEATH WAS CAUSED B	1 0 1 0 1 0 1 1	kust		
	corbing corbing t, or r			DUE TO, OR AS A CONSEQUENCE OF	1.1	11-+	i R
PRESTON	emave omotion,		Canditions, if any, which gave rise to immediate	16) Coleute My	escardial 9	suppricusa	- ( WK
W. P	# c e z		couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF	to Carl A	J.	Chanic.
201	plear priori,		PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMIN	LALDISEASE OR CONDITION	GIVEN IN PART 1/2
RDS,	Then Then to b	N O	acut	- 100	al Forbire	ALDIDEADE ON COMBINE	SACT IN PACE ITO
VITAL RECORDS	prio prio	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION	ON WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
AL R	re has sit per giene	RTIFE				YES NO P	YES NO
I Z	S C O T OO		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 7)
N OF	\$ 9 5 5 E	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 19			
DISIA	the bu	WED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY
10 N	ath ath ath mark			ottended the deceased from	1083	10 VULY 14	10 862 that (1) [wa]
	Pitol for of the		sow the deceased alive on	JULY 14 19 86	and that in (our) apinion de	, 10	naur and from the causes stated
	0 # T t E	1	775 SIGNATURE	new the body after death.	DECREE		22. DATE SIGNED

COUNTY STATE that (I) (we) last and have and from the causes stated 22c. DATE SIGNED TO FUNERAL DIR should be detected with the State Des ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN [ CRIANT 22e ADDRESS 230 NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 (VRA 15, 4)

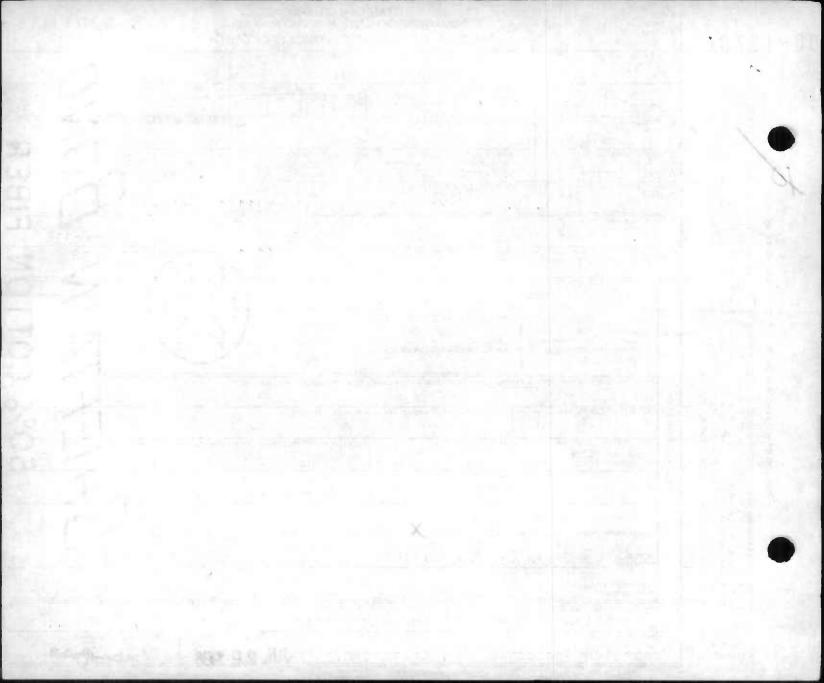
STATE OF MARYLAND

126 KIND OF BUSINESS OR

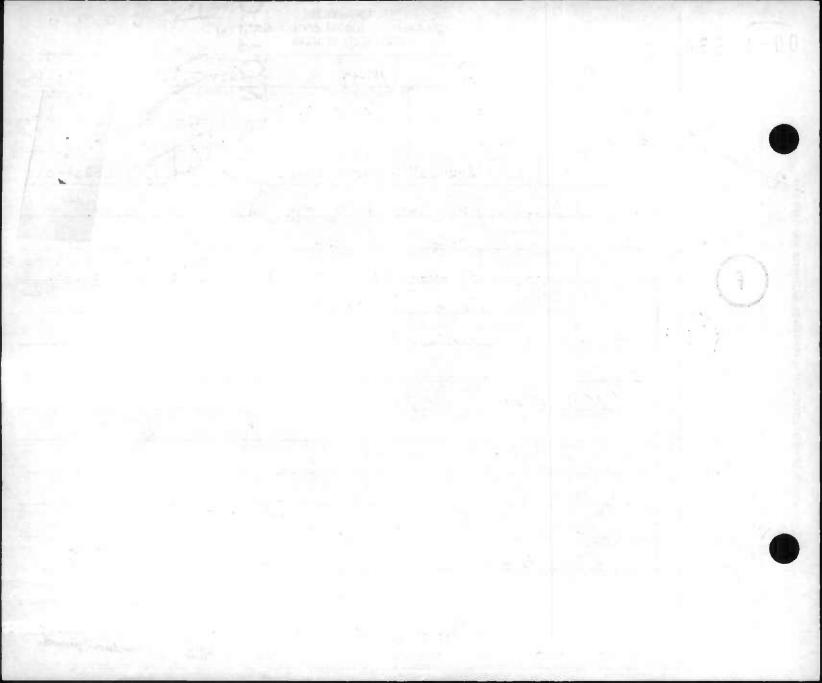
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

SEUNDER 24 HRS

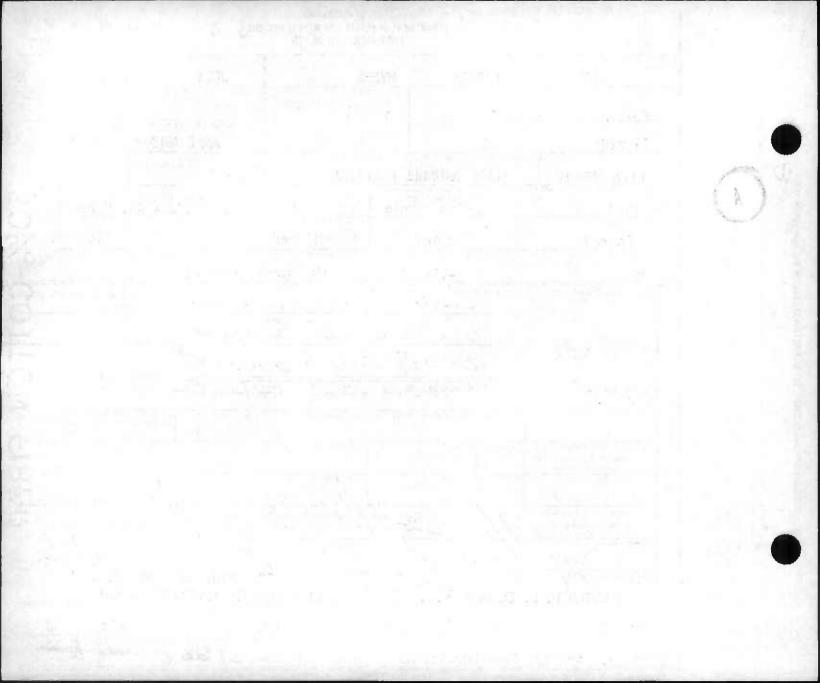
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10-1	2769	1-	FOR 10/1 STATE 10/1 REGISTRAR	./86 / G		DEPART/	MENT OF				YGIEN F DEA	5 TH	REG.	Ö	0	I	
10 1	3100		CEASED NAME	FIRST		WIDDIE		1	AST			20 DATE			ONTH D	DAY YEAR	26 HOUR
	SE SE SE ,	(14)	PE OR PRINT)	Susan		Harri	son	M	lurray	,		Oh	ESTI- MATED	-	7	819 86	AA
	PLEASE ECTOR R FILES. HOURS STREET,	3. SE	X	RACE	S DATE OF BIRT		6. AGE (IN YE.	ARS IF UNE	DER 1 YR.	IF UNDER	24 HRS	2c DATE		MON	NTH C	DAY YEAR	24 HOUR
	ON STATE		emale	White	6 1	6 33	53 YF	RS.	DAYS	HOURS	MIN	DEAL			7	8 19 86	10:20 P M
-	STATE OF	₹6. B	RTHPLACE (STA		76. CITIZEN OF		TRY?	MARRIE	D NEV	ER MARRIE	ED 🔀			_		OF DEATH	
•	ASSES C	10.0	TV 05 TOUR	MD	USA			WIDOWE		DIVORCE						unty,	MD
11	2. まる 日本		ITY OR TOWN C			FACILITY, GIVE ST	REET ADDRESS)	, OR OTHE	RINSTITUT	ION	FOR A	ADST OF WO	RKINGACH	ear:	ing	OR INDUST	RY
10	POST S		ALRESIDENCE	IF IN NURSING HOME OR		stone GIVE RESIDENCE		ONI			Pat	ho.	Spe	<u>ech</u>		State	OfMD
21201	SCHEE		MD	136 COUNT A	Υ	13c, CITY	ORTOWN		YES T	NO 🔀	13e STRI	ET ADDR				0776	
MD. 2	1442A	14. F.	ATHER'S NAME	n.	Π.				15 MOTHER				<u>umbe</u>	rsto	one		
¥.	AIH.		EIRST	Chu	rchill		urray		FIR	jorie		A	MIDDLE		R117	rwell	
MOM	N N N N N N N N N N N N N N N N N N N	16a. V	WAS DECEASED	EVER IN U.S. ARM	ED FORCES?		IAL SECURIT	Y NO.	17 INFORM			Cumb	oenes	tone			
. E	AFTER CIVE PA CIVE PA		NO OR UNKNOW	VN) (IF YES, GIVE W	AR OR DATES)	15.8		3C P	Jame	es Mu					0776		
6	P S F S S S S S S S S S S S S S S S S S		18 CAUSE OF	DEATH (Enter only												APPROXIMATE BETWEEN ONSE	E INTERVAL T AND DEATH
W. PRESTON ST	ERW FERW AL.	1 5	8 25	IMMEDIATE	CAUSE (o) SI				Therm	al in	njury	7	1				
15	SITE	11	Condition	s, if any, which	DUE TO,	OR AS A CON	SEQUENCE (	OF									
<u>a</u> .	ED WITH PENCIL AMINER L-TRANS AENTAL 3		gave rise	ta immediate	(b)							1/			-		
V	ITED WITHING SEAMINE S		lying cous	stating the <u>under</u> - e lost.	DUE TO, O	DR AS A CON	SEQUENCE (	OF									
DIVISION OF VITAL RECORDS, 201	의 그 프로 크는		PART 2 OTHER STG	NIFICANT CONDITIONS CO	ONTRIBUTING TO DEA	TN BUT NOT RELA	TED TO THE TERM	INAL DISEASE	OR CONDITION	GIVEN IN PAR	Tlo						
08	D BE EXE PENDING MEDICA AS A BU CREMA	Z	THE REAL PROPERTY.							OTTEN IN THE							
LRE	PEN MED A	CERTIFICATION	19a. DATE OF	OPERATION	196 CON	DITION FOR Y	WHICH OPER	ATION W.	AS PERFORA	AED?					1	20 AUTOPSY	?
¥ ¥	CERTIFICATE SHOULD SITING THE WORD "PE OBE TO THE CHIEF A SACHOLD BE USED A E 3 SHOULD BE USED A FORMANT OF HEAD OF THE CHIEF AND TO PRIOR TO BURIAL, OF THE OBE AND THE OBJECT OF THE OBE AND THE OBJECT OF	Ē														YES 💢	NO 🗌
OF	ATE WENTER WENTER		210. EXTERNAL UNDERLYING			OF INJURY MONTH	DAY YEAR	2	W INJURY						OR PART 2)		
NO	SKTIFIC SHOUTH S	MEDICAL	CONTRIBUTIN	G CAUSE OF D	EATH ? P	.m. 7	8 1986	Suk	oject	found	lin	burn	ing a	auto			
SIVIS	CER MITIN ME 3 S ME 3 S	1 8	21d INJURY OF WHILE AT WORK	NOT WHILE 🔼	STREET, F	E OF INJURY ACTORY, FARM, ET	(AT HOME,	-	REET		. 7	CITY OR TO			COUNTY		STATE
	NER: THIS CERT CATE, WRITING FORWARDED I FOR PAGE 3 SH THE STATE DEP AND, 21201 PR		AT WORK	AT WORK	V	voods	-	Cun	nberst	one F	ka.	wes	t Riv	ver	Α.,	Α.	MD.
	A PARENTE		220   certify	y that I took charge	of the remains			Autapsy	<u>x</u> X.	Inspection		Inquiry	- 60	-	ny opinio	on	
	STEEL SE	1	deoth resulted	d from: Natura	l causes .	Accident	X, Su	icide	Homici		Hindate	wmmed m	amer X				
	X S S S S S S S S S S S S S S S S S S S	T	ACTUAL	Mar	1120	wish	11		TITLE (SP	ecify) .stant					ATE	7/9/	06
	SHC	7	SIGNATURE_	1,000	y, o			M.I	D. ASSI	Stant	MEDI	ICAL EXAM	MINER	SI	IGNED_	1131	00
	TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE. PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PATER DEATH, WITH THE SIT BATTIMORE, MARMAND. 2	1	EXAMINER'S N	Man Man	rgarita	A. Kor	ell, M	I.D.	DDRESS	111 P	enn	St.	Balt	O.MI	).		4
	PATO PATO PATO PATO PATO PATO PATO PATO	23a. B		ION, REMOVAL 23			IAME OF CEA				23d LO	CATION			COUNTY	Si	ATE
07/84 25M			Crema		07-28-	-86 S	ecuri	ty Pi				tons				alto.,	MD
23M	DHMH - 17		UNERAL DIRECT	on Soci	ADDR	ESS TO T	D-7+*			So. DATER	EC'D. BY	REGISTRA	AR 756 RI	EGISTRA	R'S SIGN	VATURE	
	(VR A15 ME (5))	C	remati	on Soci	ety of	IVID,	sart1	more	, IVIL)	JUL	29	13.65	Fresio	Dey	down	Applied.	



18	1.	FOR - STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENT CERTIFICATE OF DEAT	9 -	5 5 2
yy be age 3 death		CEASED NAME A FIRST	MIDDLE	May	July 9,1986	y YEAR 25. HOUR 1:11 A.M
age 4 mo	3. SE	female	*RACE white	July 14,	1908 77 <sub>YRS</sub>	UNDER I YEAR IF UNDER 24 HRS
04 35		RTHPLACE ISTATE OR FOREIGN Maryland	U.S.A.	MARRIED NEVER MARRI WIDOWED DIVORC	ED ☐ Anne Arund	el Co. MD.
20 193		Annapolis	11. NAME OF HOSPITAL, NURSIN Anne Arundel	General Hos	ON 120. USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LIFE) NOUSEWIFE	IZE KIND OF BUSINESS OR INDUSTRY household
Certifue be accord within 24 he thought the distribution from the period of the distribution for the distribution for the period of the distribution for the period of the distribution for the period of the period	13a :	Md. ATHER'S NAME  FIRST  UNKNOWN  WAS DECEASED EVER IN U.S. AF	A.Co., Harwoo  MIDDLE LAST  Gaupp	N 13d INSIDE CITY LIV YES NO 15. MOTHER'S MAII FIRST  COPA RITY NO. 17 INFORMANT	DEN NAME  ANDRESS  ADDRESS	Taylor h Bay Shore l
W, PRESTO at the death by the attend se numbre co cremation, s	CATION	PART I. DEATH WAS CAUSE	DUE TO, OR AS A CONSEQUE  (b) / / S C L  DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO I	NE OF	HE TERMINAL DISEASE OR CONDITION GIVES	WERE FINDINGS USED
ENDING PHYSICIAN: The Ic Iol or offending physician.  OR. After this certificate has ruse as the burial-transit per Health and Mental Hygiene. Its marked or them 18 shows	MEDICAL CERTIFICATION	sow the deceased alive or	ATH P.M.  21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	19 21f LOCATION STREET , 19	OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PAR	COUNTY STATE
TO HOSPITAL OR ATT retoined by the hosp. TO FUNERAL DIRECT should be detached fo with the State Dept. of IMPORTANT; if hem 2	23a	226. SIGNATURE  226. PHYSICIAN'S NAME (THE SECRET)	OR PRINT)	DEGREE ATTEN PHYSI 22e ADDRESS NAME OF CEMETERY OR CREM.	CIAN DIRECTOR PHYSICIAN ATORY 234 LOCATION	27C. DATE SIGNED
BP DHMH - 16 60M 7/84 (VRA 15, 4)	24. F	Burial UNERAL DIRECTOR ardesty Fuent	12 Ri	ashington Na dgely AVe. Maryland		Md.



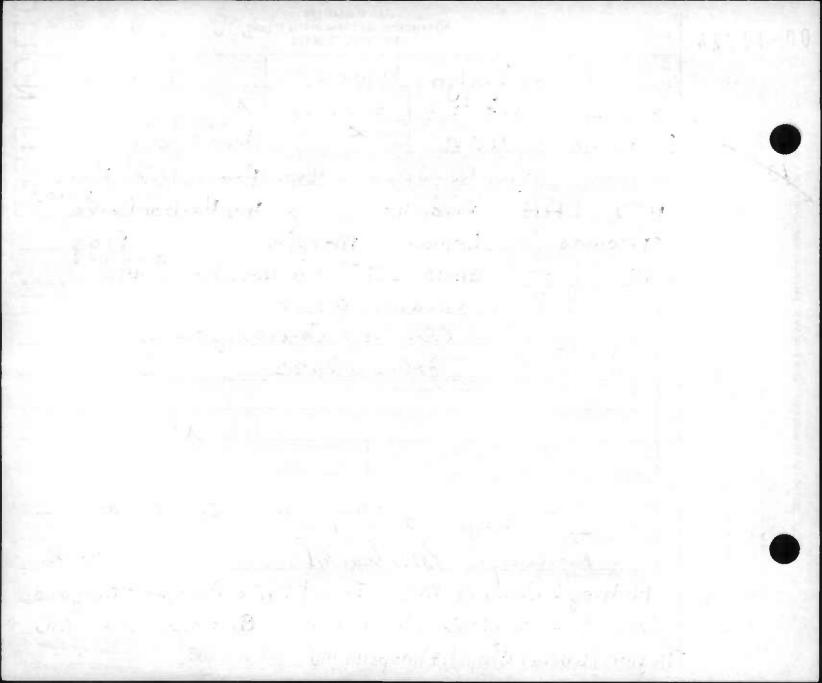
12665		FOR STATE REGISTRAR			ARTMENT OF I	FICATE OF	MENTAL HYG	REG	. NO.	8 5	5 5 EDT
e 6 =		CEASED NAME FIRST		WIDDLE		LAST		20 DATE OF DEAT		DAY YEAR	10.110 OK
tar. page 3 after death	3. SE	JOY	4 RA	DARNER	MYE Is date			JULY		15, 198	
dar. p	3. SE				MONT	H DAY	T O 2 7			MONTHS DA	
direction naura	7o. B	Female RTHPLACE (STATE OR FOREIGN		White TIZEN OF WHAT COUN	TRY? 8.	10,	1927	59 9 BALTIMORE CIT	Y OR COUN		4
72 n 72 l		Florida		USA	WIDOW	2.4	MARRIED DIVORCED		_	DEL COU	
北京	10 C	GLEN BURNIE	(	NAME OF HOSPITAL, NU IF NOT IN SUCH FACILITY, GIVE S NORTH ARUN	JRSING HOME	OR OTHER IN		120. USUAL OCCUP {TYPE OF WORK FOR MC Cashier	PATION OST OF WORKING	12b KIN	of BUSINESS OR RY Letail
15 18	JSU	AL RESIDENCE (IF NURSING HO	ME OR OTHER	INSTITUTION GIVE RESIDENCE	BEFORE ADMISSION)				· · ·		21061
1/2/		ryland 136.C	AA	Glen	Burnie	13d. INSIDE	CITY LIMITS?	13e STREET ADDRE	ss / zip co liams	Rd.,Fe	
		ATHER'S NAME	MIDDLE				R'S MAIDEN NA				
DEZ.	2	Conrad	7110011	Packa	rd		Mi่ใไdred			Ri	ichards
Pages I and		VAS DECEASED EVER IN U.S YES, NO OR UNKNOWN)   TIF YE	S. GIVE WAR	OR DATES)	SECURITY NO.	17. INFORM			DRESS		13
al.		No 1		220-18		L Doro	thy Myer	rs, Same a	s 13	400	
000		18 CAUSE OF DEATH   Enter PART I. DEATH WAS CA	USED BY:	couse per the total, (b		elu	-01	Dena		BETWE	ROXIMATE INTERVAL EEN ONSET AND DEATH
bong b		IMME	DIATE CA	USE (o)			- 6				
attending nave carb atian, ar r fraumatic		Conditions, if any, which		DUE TO, OR AS CONS	POUPNCE OF	ord	w K	esperal	our		
matin		gove rise to immediate cause (a), stating the	e )	(b) 00 = 1 CON (C	sours de or	0	V.	, ,	-0		
dse ren il, crem		underlying couse lost		DUE TO, OBJE ACONS	Jan	xul	4 fred	cerrek	1		
Then pled to burial njury, ar	Z C	PARO 2 OTHER SIGNIFICA	NT COND	ITIONS COMBRUTING	TODEATH BU	NOFRELATE	D TO THE TERM	AINAL PISEASE OP	ONDITION	GIVEN IN PAR	T 1to
prior ory	CERTIFICATION	196 DATE OF OPERATION	1	96 CONDITION FOR W	HICH OPERATIO	IN WAS PERF	ORMED	20s AUTOPSY2	20h. IF 1	res, were fin	NDINGS USED ISES OF DEATH?
9 6 1	Ē		- 1					YES [] NO[	]	YES []	NO []
byrial-fransif Mental Hygie	1000	TIE. ACCIDENT WAS UNDERLYING OR CONTENSUTING CAUSE OF UN EXHIBIT INCOME ALTERNATION.	IF DEATH	HE TIME OF PUJURY HOUR A.M. MONTH P.M.	DAY YEAR	ZIE HOW	INJURY OCCUR	RED (entermature or	eusphi eusflier)	& PART - DE PART	21
burial-fransii	MEDICAL	214. INJURY OCCURRED	7	Te. PLACE OF INJURY	AND STATE OF STREET	711 LOGAT	ION	can't	micron /	LOUNTS	start.
h and	×	AT WORK TO NOT WHILE TO		AT HOME STREET, FACTORY, OR	FICE FARM, ETC. 1	1/10	C		7/14	5 81	
R: Af		ZZs.I certify that (1) (this h		things the deceased to	VI.	77	19.00	2 10	71	19	that (It (we) last
of the second		saw the deceased alive above, (1) (we) (did) (di	e on d now view	he Easy after death	1900	go that in (m	y) (our) opiman	death occurred on t	n date and h	our and from	the couses stated
DIRECT DIRECT Dept.	1/	234-SIGNATURE	4	73//	/	DEGREE	DATTENDING	MOICAL	STAFF	27L D	ATE SYSSUED
RAL dete	r	224 PHYSIRIAN'S NAME /	/	/ Arg		T77s ADDR	PHYSICIAN	DIRECTOR   PH	TSICIAN [	1 /	113/00
shauld be owith the Ste	-	THE PHISICIAN STUME	THE CHI PRING		/	ZZE. ADDW	est that the		HIGHWA		• • •
TO FUNERAL D	134	SURIAL CREMATION, REMO	O.E.	SUBONG, M.	ZIC NAME OF	BALETERY OF	GLEN BU	IRNIE, MAR	YLAND	21061	
	1	Cremation	0000	uly 18,86			cess, In	City Ok tow	i11a	Balti	i MD*"
14 4014 7 48		UNERAL DIRECTOR				cy FIO		TE REC'D. BY REGISTI	RAR 25b. REG	ISTRAR'S SIGN	NATURE
16 60M 7/84 A 15, 4)		James S. Kirk	ley,	Glen Burnie	, MD		J	UL 1 7 198	36 gran	a Warreso	n-Mindale
	_										



0 -	-11328	1	FOR - STATE REGISTRAR	DEPARTM	STATE OF MARYLAND ENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENES & S	3 5 5 4
	oy be oge 3 deoth	(TYP	CEASED NAME FIRST SOPHIE	WIDDLE	NASTOFF	7-1	YEAR 26 HOUR  - 86 171 M
	Finge 4 m	3 SE	EMALE IRTHPLACE (STATE OR FOREIGN 7)	CULTIVE OF WHAT COUNTRY?	5. DATE OF BIRTH  AONTH  2 2 - 1910  8.	6 AGE (IN YEARS LAST BIRTHDAY)  7 6 YRS.  9 BALTIMORE CITY OR COUNTY	ONTHS DAYS HOURS MIN.
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DIVISION OF VITAL	HYSICIA nding pl his certif buriof-t I Mentol	MEDICAL C	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED		Y YEAR 19 211 LOCATION	CITA ON TOWN	COUNTY STATE
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	TO HOSPITAL retained by th TO FUNERAL should be deter with the State	22-	22d PHYSICIAN'S NAME (TYPE ON MICHAEL)	1. Latenm	MP 7 83 S.P. J.	1234 LOCATION	NAMOW MOLLY
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	(VRA 15, 4)	1	iylor Funeral	Chapel-Hny	napolis, MD 7	-3-86	

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		- 1			STATE OF MARYLAND .		19 9
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i WC	Pag	/		NO -		VICK- #	13
MALT ote	papers payers payers			18. CAUSE OF DEATH (Enter t	nly one cause per line far (a), (b), and (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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			24 50	NERAL DIRECTOR	25a. DATE RE	C'D. BY REGISTRAR 256, REGISTRAF	R'S SIGNATURE
	H - 16 60M 7/ VRA 15, 4)	84	10	War Finner	al Chapel Flynapolis, MU JUL	3 1986 Julia De	A SIGNATURE
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ge 4 so or other	3.58	female		whi	.te	11 11	of BIRTH	32	6. AGE (F	53	YRS.	VIHS DAYS	HOURS MIN.	-
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DING PHYSIC IAN III or otherdring physicic After this certificate e or the bursichronol alth and Mental Hygin narked or teen 18 on	MEDICAL CERT	210. ACCIDENT WAS UNDED OR CONTRIBUTING COURTIBUTING COURT OF THE CONTRIBUTION COURT OF THE COUR	AUSE OF DE A AL EXAMINER ED	HOUR A. ) P. 21e PLACE (AT HOME, ST	.M. MONTH .M. OF INJURY REET, FACTORY, O	H DAY YEAR	211 LOCAL	1/4		CITY OR TOWN		COUNTY	STATE	_
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OHMH - 16 60M 7/84 (VRA 15, 4)	24 FI	George J.			001 Ralto	itchie Md. 2	Hwv.	25a DA	-	REGISTRAR 25b.		R'S SIGNAT		_

Sulia Davidson Bandara

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
CERTIFICATE OF DEATH	

8

00-	13472	1.	FOR STATE REGISTRAR		DEPART	MENT OF HEALTH AN CERTIFICATE O		NES 6	186	5 /
			CE ASED NAME	EIRST	WIDDLE	LAST	2	O. DATE OF DEATH MO	INTH DAY YEA	
o o	90 ch	(145)	OR PRINT)	EONARD	AHERN	OLIVE	ER	JULY 21,	1986	8:09 7
ge 4 moy	ector. po	3. SE	Male	4. RAC	White	5. DATE OF BIRTH MONTH DAY Dec, 3,	1903	AGE (IN YEARS LAST BIRTHD)	YRS MONTHS D	DAYS HOURS MIN.
	75 Po de		RTHPLACE (STATE OR	FOREIGN 7b. CIT	TIZEN OF WHAT COUNTRY	MARRIED NEVE	ER MARRIED 9	BALTIMORE CITY OR	OUNTY OF DEAT	н
de de	1 2 6 /		attle, Was		U.S.A.	WIDOWED	DIVORCED	ANNE ARUNI		MD
5	Series will		TY OR TOWN OF DEA	(1)	NAME OF HOSPITAL, NURSI FNOT IN SUCH FACILITY, GIVE STREE NORTH ARUN			20 USUAL OCCUPATION TYPE OF WORK FOR MOST OF W	ORKING LIFE) INDUS	ND OF BUSINESS OR TRY Stinghouse
ND 212	713-75		AL RESIDENCE (IF NURS	13b COUNTY  A.A	INSTITUTION, GIVE RESIDENCE BEFO 13c. CITY OR TOV GLEN BO	VN 13d. INSID	DE CITY LIMITS?	se.STREET ADDRESS / Z	IP CODE	21061
ARYLA (A)	18020	14. F.	ATHER'S NAME	MIDDLE	LAST		ER'S MAIDEN NAME		7110 7016	LAST
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sion SI,, Ballimoke, Marriand 2120 toth certificate be executed all in a nours tending physicion and certificate by e corbon papers. Pages 1 amount of removal. Implication of the medical execution of the modic event, the medical execution is en				/AS CAUSED BY: IMMEDIATE CAU	couse per line for (a), (b), a	Mostler DE	- an	eit	APPI BETW	PROXIMATE INTERVAL MEN OMSET AND DEATH  WEN OF THE
5, 201 W. PRI	gned by the control cremal buriol, cremal ry, or other tra		gove rise to immoduse (o), statis underlying couse PART 2 OTHER SIG	ong the lost	ULE TO, OR AS A CONSEOU (c) TIONS CONTRIBUTING TO		TED TO THE TERMIN	al disease or condit	ION GIVEN IN PAF	RT 1101
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	rate has been si ronsit permit. The Hygiene prior to 18 shows ony inju	CERTIFICATION	19a DATE OF OPERA 7/3/8/		9b. CONDITION FOR WHICH  LOPY  1b. TIME OF INJURY	helms.	5		Ob IF YES, WERE FIN N CERTIFYING CAU YES	USES OF DEATH?
PHYSICIAN	this certifica he burial-tro and Mental Hy	MEDICAL C	OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	CALEXAMINER)  RED 2	P.M.  B. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE,	PAY YEAR 19 21f LOCA		CITY OR TOWN		
Vid	TOR: After for use as to of Health a 21 is marke		22a. I certify that (I)	(this baspital at	unded the deceosed from	F6 ond that in (r	my/(our) opinion de	oth occurred on the date	and hour and from	, that (I (we) lost the couses stated
AL OR A	AL DIREC detoched ate Dept AT: If Item		22b. SIGNATURE	00	feer	DEGREE	PHYSICIAN 🗹	MEDICAL STAFF DIRECTOR   PHYSICIAN		21/FZ
HOSPIT	ATAN STAN		22d. PHYSICIAN'S N	AME (TYPE OR PRINT)		22e ADDI	784.	5 OAKWOOD RO	DAD, #200	170
9	should be with the S		DAVID A.	SCHWART	Z, D.O.		GLE	N BURNIE, MA	ARYLAND 2	1061
2	F 5 3 €	23a	BURIAL, CREMATION,	REMOVAL 23b	DATE 23c	NAME OF CEMETERY C	OR CREMATORY	23d LOCATION		

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84 (VRA 15, 4)

Cremation

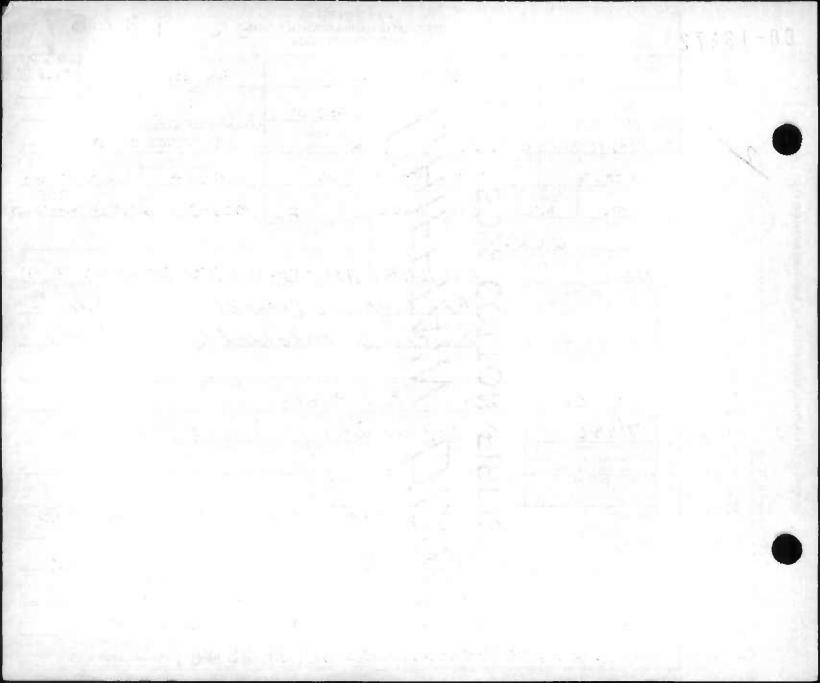
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Westview Memorial Pk.

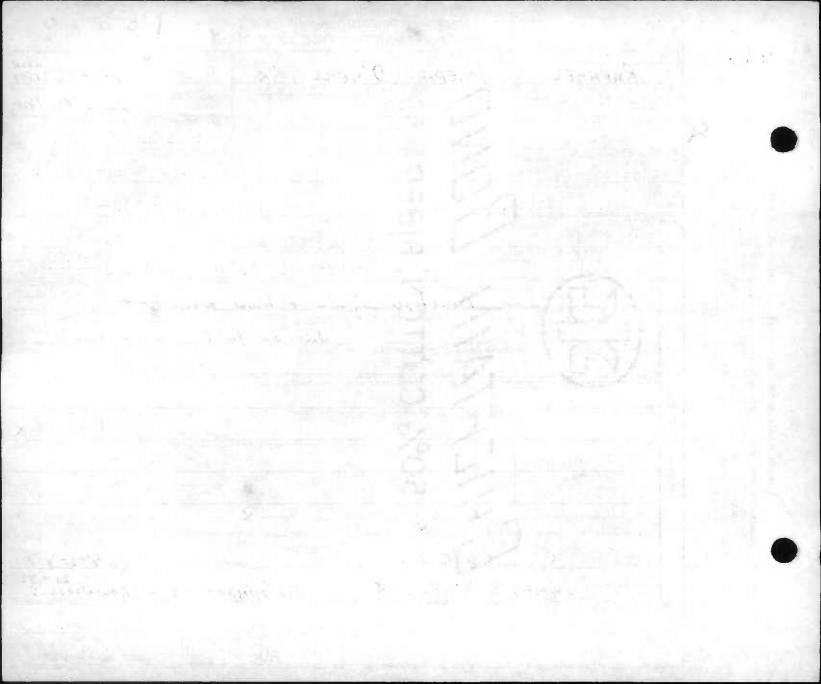
Baltimore, Maryland

25a DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

George J. Gonce, 4001 Ritchie Hg., Baltimore, Md



STATE OF MARYLAND



	1	STATE OF MARYLAND
00-1268	0 1	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH
	1. (	DECEASED NAME FIRST MIDDLE LAST ZO DATE OF DEATH MONTH DAY YEAR ZO HOUR
nay be page 3	(1	Mary Jane Owens July 15, 1986 10:15P
you god	3.	SEX 4. CE S. DATE OF BIRTH 6 AGE (IN YEAR'S LAST BIRTH OF ) OF UNDER LYEAR IF UNDER 24 HRS.
Por Part		MONTH DAY YEAR ALL MONTHS DAYS HOURS MIN.
Poge directions	70	BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8. 9. BALTIMORE CITY OR COUNTY OF DEATH
# 10 Z 2 P	70	COUNTRY) MARRIED NEVER MARRIED
9 55		OLOTO (A TO) IN A WIDOWED DIVORCED HONE TRUNCE MALOCCUPATION 126 KIND OF BUSINESS OF
1 1 1 K	10	10 000 15 100 100 SUCH FACILITY, GIVE STREET ADDRESS TO THER INSTITUTION TO WORK FOR MOST OF WORKING LIFE) INDUSTRY  10 000 15 TO THE SUCH FACILITY, GIVE STREET ADDRESS TO THE INSTITUTION TO THE WORK FOR MOST OF WORKING LIFE) INDUSTRY  10 000 15 TO THE SUCH FACILITY, GIVE STREET ADDRESS TO THE INSTITUTION TO THE WORK FOR MOST OF WORKING LIFE) INDUSTRY  10 000 15 TO THE SUCH FACILITY, GIVE STREET ADDRESS TO THE INSTITUTION TO THE WORK FOR MOST OF WORKING LIFE) INDUSTRY  10 000 15 TO THE SUCH FACILITY, GIVE STREET ADDRESS TO THE INSTITUTION TO THE WORK FOR MOST OF WORKING LIFE) INDUSTRY  11 TO THE WORK FOR MOST OF WORK FOR WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR WO
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RYI with	35	FATHER'S NAME  15 MOTHER'S MAIDEN NAME  LAST  MIDDLE  LAST
AM be de	CC	Elliott Chaney Eva Gibson
MORE, e execu n and co Pages 1	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITIONO. 17 INFORMANT ADDRESS Same as
Po ou	$\perp$	NO - 21260-11221 Lemon 60 wens, Sr. #13
ficate ficate papers		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (g))  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Intractable concestive heart failure
or be or be.		DUE TO, OR AS A CONSEQUENCE OF A STATE OF A
death death attend ave co attend aumot		Conditions, if any, which (b) ASCVI) and Juril by suttension
the came		gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF
hot hot by to see of hot of hot		underlying couse lost
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BULL PHYSICIAN The Igner requires that the death certificate that been spread by the attending plants the bull plants and the bull plants of the plants of the bull plants and the bull plants of		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Tra
RDS	Z	renal facture
CO TO	<b>∃</b> ։	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED
H 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	SEPTIFICATION	IN CERTIFYING CAUSES OF DEATH?  YES NO YES NO
ATA STATE OF THE S	<b>718</b>	210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
OF CINE		DO CONTRIBUTION CONTRIBUTION CONTRIBUTION OF DEATH HOUR A.M. MONTH DAY YEAR
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VISB	3	WHILE NOT WHILE AT WORK AT WORK
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AT 8 12 1		sow the deceased alive on Juliu 15 19 8 and that in (mir) (aur) apinion death accurred on the date and have and from the causes stated
R AT No. P A	1	abave, (I) (we) (did) for the body ofter death.  22b. SIGNATURE  22c, DATE SIGNED
TO THE OR		MA ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIECTOR
AN SERVE	П	220 PHYSICIAN'S NAME (TYPE OF PRINT) 220 ADDRESS
O HOSFI Carled b O FUNE Combine S	Ш	BITEUROW MIS 77 West ST Annapols bel
10 T S S S S S S S S S S S S S S S S S S	23	BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION
BP		Burial July 18 F186 All Hallows Birdshille AA MD
DHMH - 16 60M 7/B4		FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRATES SIGNATURE
(VRA 15, 4)	1	aylor Funeral Chapel- Annapolis, MD (301)

ST	ATE	OF	MAE	IYS	AND
31	MIL	v	HILL	110	MILE

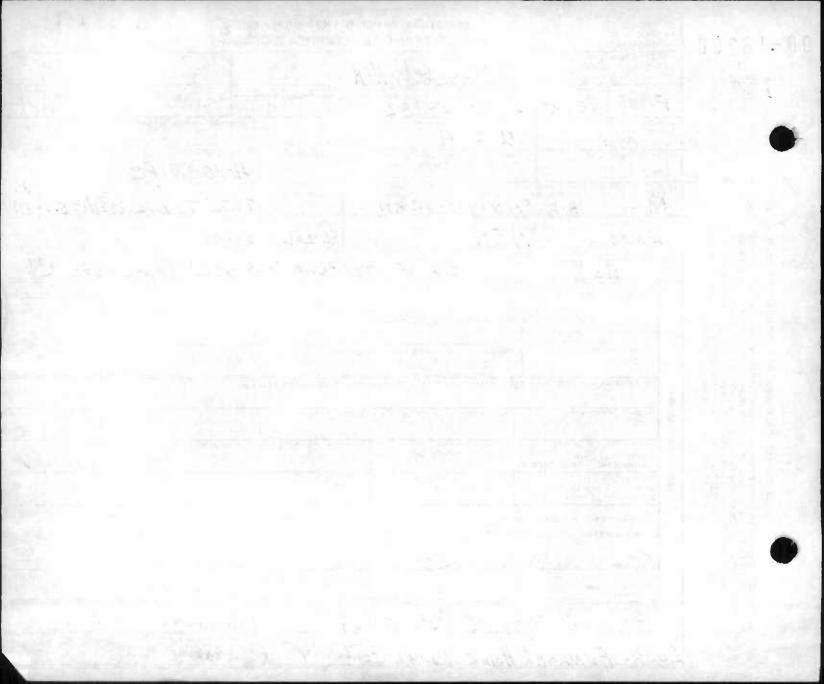
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTAL I CERTIFICATE OF DEATH	HYGIENE 6	8 5 6 6
I. DECEASED NAME FI	RS1 MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	lika	Ozdemir	7	- 23-86 7.40 M
3. SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Female	Caucasion	Aug. 13, 1905	5 80 yr	MONTHS DAYS HOURS MIN.
7a. BIRTHPLACE (STATE OR FOREI		TRY? 8.  MARRIED NEVER MARRIED	BALTIMORE CITY OF COLL	
Turkev	Turkey		Anne Arund	el County MD.
10 CITY OR TOWN OF DEATH		JRSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
Crofton		nval. Center	Homemaker	
SUAL RESIDENCE (IF NURSING	HOME OR OTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION)		
	.A. Co. Annap	- 1	620 Riversi	
IN FATHER'S NAME		15. MOTHER'S MAIDEN	NAME	<u> </u>
AGAF	MIDDLE ()Z	mix Ma	SIP MIDDLE	)7 damiR
IL WAS DECEASED EVER IN L		SECURITY NO. 17 INFORMANT	ADDRESS	
YES, NO OR UNKNOWN] [11	FYES, GIVE WAR OR DATES)	Dr. Ozden	nir 620 River	side Dr. 21403
	nter anly one cause per line for (a), (b			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS	CAUSEÓ BY: MEDIATE CAUSE (0)	Kesninakan	1 Loulance	
imi	DUE TO, OR AS A CONS		0	
Canditions, if any, wh gave rise to immedi cause (a), stating underlying cause I	iate	EQUENCE OF	L'acmid	
	ANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE T	erminal disease or condition	GIVEN IN PART TIG
190 DATE OF OPERATION	196. CONDITION FOR WI	HICH OPERATION WAS PERFORMED		F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?  YES NO NO NO
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saw the deceased a	s haspital) attended the deceased fractive an	.3.66	ian death occurred on the date and	haur and from the causes stated
22b. SIGNATURE	1 Lo	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF D DIRECTOR PHYSICIAN	22. DATE SIGNED 7. 24.86
22d. PHYSICIAN'S NAME	(TYPE OR PRINT)  EREN	22e. ADDRESS 51	2 Camp M	cade Rinthie
23a BURIAL, CREMATION, REA	AOVAL 23b. DATE	231. NAME OF CEMETERY OR CREMATO	RY 23d LOCATION	A LICONO A ACAD
Burial	7- 24-1986	Mosque l'em	( ATONSU	The fact The
24 FUNERAL DIRECTOR		25e.	DATE REC'D. BY REGISTRAR 256 RE	GISTRAR'S SIGNATURE

DHMH - 16 50M 4/83 (VRA 15, 4)

Barranco F.H. 501rRitchie Hwy. Severna

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13340	1	FOR STATE REGISTRAR	DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYGIE FICATE OF DEATH	NS 6	1855	2
moy be poge 3	1	CEASED NAME FIRST		merson	AGE (IN YEARS LAST BIRT	72086	HOUR 1 A M
ge 4 m	3. SE	Male	White Jar	1. 30, 1914	12	MONTHS DAYS	HOURS MIN,
	n	IRTHPLACE ISTATE OR FOREIGN	USH WIDOW	ED NEVER MARRIED DIVORCED	Anne F	Prunde!	MD.
1/33	t	nnapalis	11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET DORESS)	ral Hospital 1	20 USUAL OCCUPATION TYPE OF WORK FOR MOST OF		BUSINESS OR
1	III.	AT RESIDENCE   IF NURSING HOME OR STATE 13b. COUN			3. STREET ADDRESS /	ZIP CODE 21	403
n ond completing	10		MEDIE CATTERSON MED FORCES? 166 SOCIAL SECURITY NO.	15. MÖTHER'S MAIDEN NAME	Manie ADDRE	100 016001	T Drive
h certificate b ding physicio corbonpapers. or removol.		PART I. DEATH WAS CAUSE IMMEDIAT	ly one couse per line for (o), (b), and k. DBY E CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF	ywy E C	acheyia	1-Edgewater BETWEENON Y.C.	ATE INTERVAL ISET AND DEATH
ires that the		Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse last.  PART 2 OTHER SIGNIFICANT (	DUE TO, OR AS A CONSEQUENCE OF  (c) CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMIN	AŁ DISEASE OR CONE	DITION GIVEN IN PART 110	
on. hos been s t permit. Th ene prior ts	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	DN WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES C YES	
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BP		BURIAL, CREMATION, REMOVAL PRECIFY)	136 DATE 21, 1986 Code	CEMETERY OR CREMATORY	Saitan	d PG	m Štate
DHMH - 16 60M 7/84		UNERAL DIRECTOR	Chapela Appress		REC D. BY REGISTRAR	256. REGISTRAR'S SIGNATU	re nda

and the second to be a second of the second Mark adams the part of the security of the second of the s

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE MARVIAND 11201  TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificals be excepted within 24 Perins all retained by the hospital or ottending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physical and committee filled in by the should be detached for use as the buriol-transit permit. Then please remove corbonpopms fage. Then 2-hand bearing with the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, or removal.	MDORTANT: If them 21 is marked or hem 18 shows ony injury, or other troumotic event, the medical examilies into the matter
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FOR - STATE REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	GIENE 6	NO.	8	5	5	É
LAST	76 DATE OF DEATH	MONTH	DAY	YEAR	23	HO

10000		CEASED NAME FIRST	WIDDLE	ī.	AST	26. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUI	R		
y be oge 3 deoth	(TYPE	DONALD	GRANT	PEGLO	w S	R JULY	26,	1986	139	AM		
ge 4 moy	3. SEX	ALE	4. RACE WHITE	5. DATE O		6. AGE TIN YEARS LAST BE		IF UNDER 1 YEAR	HOURS	24 HRS MIN.		
seath Po	N	RTHPLACE ISTATE OR FOREIGN COUNTRY) IEW YORK	76. CITIZEN OF WHAT COUNTS U.S.A.	MARRIEI WIDOWE	NEVER MARRIED	N. BALTIMORE CITY OF ANNE A	9. BALTIMORE CITY OR COUNTY OF DEATH ANNE ARUNDEL COUNTY  12a USUAL OCCUPATION   12b KIND OF BUSINESS   INDUSTRY   MECHANIC   AIR CONDITI					
14		TY OR TOWN OF DEATH GLEN BURNIE	11. NAME OF HOSPITAL, NUR NORTH ARUNDE	L'HOSPI		(TYPE OF WORK FOR MOST						
	13a. S ME		13c. CITY OR TO	NWC	13d INSIDE CITY LIMITS	1022 FITZ.			21061			
The Paris		THER'S NAME FIRST  GRANT VAS DECEASED EVER IN U.S. AR	PEGLOW	CUBITY NO	IS MOTHER'S MAIDEN FIRST  ISABEL  17 INFORMANT	BJDDIM	2220	STRAPP				
be ease n. Page r medic	11	PES, NO OR UNKNOWN)   (IF YES, GIV	E WAR OR DATES) - 1958 064.30			(DAUGHTER) ADDR LINE D. PEGLO		lroy, P	A. 17			
g physic on pop remova event, I		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIAT	ly one couse per line for (o), (b), D BY: E CAUSE (o) Card	ondici.	birctery	arest		BETWEEN	ONSET AND I	DEATH		
that the death ce I by the ottendin ose remove corb ol, cremation, or r r other troumatic		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSECUTION OF TO, OR AS A CONSECUTION OF TO, OR AS A CONSECUTION OF THE PROPERTY OF THE PROPE		yo (Grdi	arrest	ha					
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on. hos beer t permit. ene prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI			706 AUTOPSY?	IN CERTIF	S, WERE FINDIE		H?		
g physic I	-	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH	DAY YEAR	THE HOW INJURY OC	CURRED (ENTER NATURE OF INJ	URY IN ITEM 18 P	PART I OR PART 2)				
ottending of the this of the burner of the b	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFH	CE, FARM, ETC )	21f LOCATION STREET	CITY OR TI	OWN	COUNTY	51	TATE		
R ATTENDIF		270 I certify that (I) (this hospi sow the deceased alive an obove (I) (we) (did) (did no	19	, an	d that in (my) (our) opin	, to, nion death occurred on the c		or and from the	couses sto			
TO HOSPITAL O etoined by the TO FUNERAL D should be detoo with the Stote D MAPORTANT: If I		THE PHYSICIAN'S NAME ITHE		- fr	77e. ADDRESS	N DIRECTOR PHYSI	E-ANNA		26 / BLVD.	88		
TO HO retoine should with t	23a B	BASANT K. KI	HANDELWAL, M.D.		GLEN BU	JRNIE, MARYLA	ND 21	1061				
BP	d	CREMATION	JULY 30,1986			INC CATONSVI	LLE B	ALT.	MD all	TATE		
DHMH - 16 60M 7/84 (VRA 15, 4)		INGLETON FUNER	AL HOME GLEN BU	IRNIE, N	1D. 25a.	Characa Section 200	256. REGIST	RAR'S SIGNAT	TURE			

GLE BURNTE, PARYLAND 23061

BASANT K. KHARDELWAL, A. D.

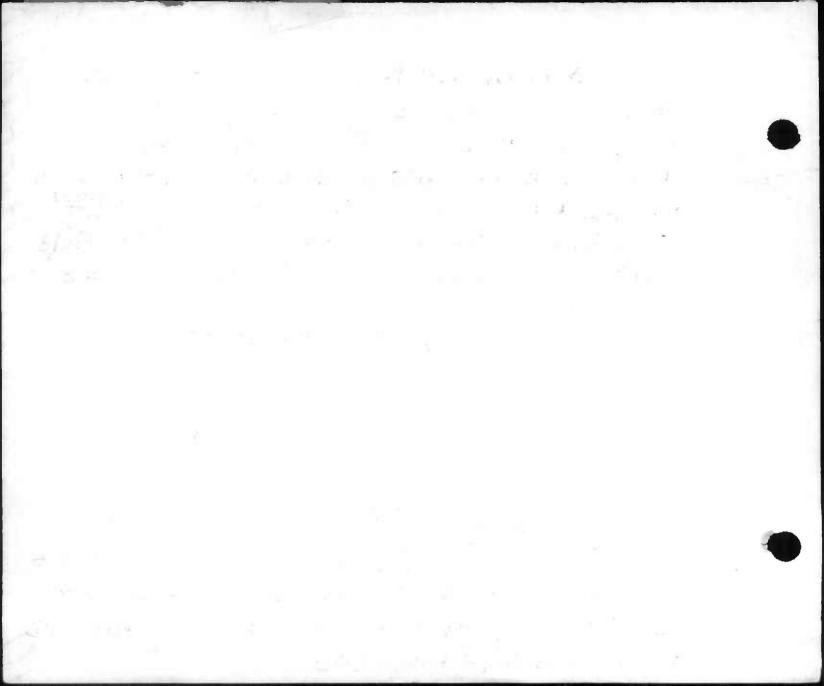
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FOR

STATE
REGISTRAR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS CERTIFICATE OF DEATH

7		REGISTRAR							REG.	VO.		
		CEASED NAME OR MINIT	Norh		Beal	Pf	eiffer		o DATE OF DEATH	MONTH	23,1986	2b HOUR
	1.5EX	nala	4.	RACE	.7	5 DATE O	F BIRTH	AR I S	AGE (IN YEARS LAST !	0	MONTHS DAYS	HOURS MIN.
	To BIF	ATHPLACE (STATE OR	FOREIGN 7b	CITIZEN OF	WHAT COUNTR	Y? 8	dd,	9	BALTIMORE CITY	OR COUNT	Y OF DEATH	
5	M	laryla	n d	us	Q.	WIDOWE	D DIVOR	CED 🗌	Anne	Ar	runde	MD.
2	10.00	ON TO SE OF DE	ATH	(IF NOT IN SUC	HOSPITAL, NURS	SING HOME O	R OTHER INSTITU	10	20 USUAL OCCUPA TO OF WORK FOR MOST		(FE) INDUSTRY_	BUSINESS OR
4	USUA	L RESIDENCE IN NUR	SING HOME OR OI	HER INSTITUTION	GIVE RESIDENCE BEF			Sprall	Harono		- 10'2'C	LAI
2	m	puland	A. F	1	Anna	20/15	YES ON NO		305	ora	Cour	7
1	14 FA	THER'S CAME	a ***	DDLE	OC LAST	C	15 MOTHER'S MA	AIDEN NAME	WIDDLE	0	CL r	11:5
H	16a W	AS DECEASED EVER			166 SOCIAL SE	CURITY NO.	17 INFORMANT	- 11	ADD	RESS	DIANT	cas
/	- 19	( NOOR ( KNOWN)	(IF YES, GIVE V	VAR OR DATES)	223-60.	6568	Georg	gia	A. Pfeit	fer	#	13
		18. CAUSE OF DEAT PART I. DEATH V	TH (Enter only VAS CAUSED	one couse per BY:			. Ar	PACT			APPROXIA BETWEEN O	MATE INTERVAL INSET AND DEATH
			IMMEDIATE				(2 /71					
		Conditions, if any		( 1b)	K AS A CONSEC	sura	nic to	curt	doeare			
		gave rise to im couse (a), stati underlying cous	ng the	DUE TO, O	R AS A CONSEC	UENCE OF						
		PART 2 OTHER SIG	NIFICANT CO	NDITIONS CO	ontributing t	O DEATH BUT	NOT RELATED TO	THE TERMIN	AL DISEASE OR CO	NDITION GI	VEN IN PART Ita	
_	TION	14 DAYS OF ODS DA	TION	Tin conto	IVIONI SOR WILL	ORCHATIO	N WAS PERFORME		20a AUTOPSY?	204 IE VE	S, WERE FINDIN	CSUSED
2	CERTIFICATION	190 DATE OF OPERA	11014	198 COND	IIION FOR WHI	IN OPERATIO	N WAS PERFORME	D	YES NO NO	IN CERTI	FYING CAUSES	
7	10.0	210 ACCIDENT WAS UN		216 TIME C	F INJURY M. MONTH	DAY YEAR	21c HOW INJUR	Y OCCURRE	ENTER NATURE OF IN	JURY IN ITEM 18	PART I OR PART 2)	
	WEDICAL	(IF EITHER NOTIFY MED	ICAL EXAMINER)	P.	M. OF INJURY	19	211 LOCATION					
	ME	WHILE NOT W	THILE	(AT HOME ST	REET FACTORY OFFIC		SIREET		CITY OR	NWOI	COUNTY	STATE
		220 I certify that (1	) (this hospito	l) attended th	e deceased from	12/27/		9	. to July		00	hat (I) (we) last
		sow the dec as obove, (I) (we) ( 22b, SIGNATURE	did) (did not)	July	affer death.	, 01	DEGREE	1) apinian dei	oth occurred on the	date and ha	22c, DATE S	
			un	010	Uho	el v	ATTE	NDING SICIAN	MEDICAL ST DIRECTOR PHYS	AFF ICIAN 🗌	72	2706
/		224 PHYSICIAN'S N	AME (TYPE OR P	PRINT)	ides	Mn	22e ADDRESS	(00	14 (	On to	(2)	11
-	23e. B	SURIAL, CREMATION	REMOVAL	23b DATE		NAME OF C	METERY OR CREA	MATORY	236 LOCATION	2792	7 7	12
	5	Burial		Jalu	161986	Hille	crest		Annap	115	AA.	mD
_	24 EL	INERAL DIRECTOR		010	1 13 RES	1 :	am.	250 DATE	REC'D. BY REGIS RA		TRAR'S SIGNATU	JRE
	70	ylorra	penal	Cha	rel-tir	nakon	SIND	LOOF	0 () 1900	June 1	uniason-No	All Company



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		FOR
ı	-	STATE
		REGISTRAR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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-	REGISTRAR				CEKITI	ICATE OF DEATH	. REC	5. NO.			
	CEASED NAME OF PRINTI	PENCE	MIDE	M	Di	INTER	2a. DATE OF DEAT		15°	YEAR 86	26 HOUR G LA
3 SEX	Female	4. RAC		į	5. DATE O		6. AGE (IN YEARS LAS	70	IF UND	DER I YEAR	IF UNDER 24 H
	RTHPLACE (STATE OR F COUNTRY) MARYLAND	OREIGN 76. CIT	U.S.A	AT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIED	9 BALTIMORE CIT				- 3
10-CI	ITY OR TOWN OF DEA		NAME OF HOS	PITAL, NURSIN	G HOME C	DROTHER INSTITUTION L HOSPITAL	126. USUAL OCCUI ITYPE OF WORK FOR MY HOU SEW	PATION OST OF WORK	128		FBUSINESS
13a S	AL RESIDENCE (IF NURS STATE RYLAND	136 COUNTY	1130	RESIDENCE BEFORE CITY OR TOW ANN AP OL	/N	134. INSIDE CITY LIMITS?	13e STREET ADDRE	SS / ZIP (	CODE hingt	on S	40- treet-
LF FA	THER'S NAME JAMES	WIDDLE	PA	RKER LAST		15. MOTHER'S MAIDEN NA	MIDD	M	CGOWA		1
	VAS DECEASED EVER YES, NO NO (KNOWN)	IN U.S. ARMED F		SOCIAL SECU	JRITY NO.	17 INFORMANT  CATHRYN STAN	Baltimon FORD 350				
	18 CAUSE OF DEATH PART I. DEATH W	AS CAUSED BY: IMMEDIATE CAU	USE (0)		ecu						
	Conditions, if ony, gove rise to imm couse (0), statin underlying couse	AS CAUSED BY: IMMEDIATE CAU which necliote g the lost.	USE (o)  DUE TO, OR A  (b)  DUE TO, OR A	A CONSEQUE	ence de Sflr ence de ence de	Les Atlant	lag .				
FICATION	Conditions, if ony, gove rise to imm couse (0), statin underlying couse	which bediote g the lost.	USE (o)  DUE TO, OR A  (b)  DUE TO, OR A  (c)  OITIONS CONT	A CONSEQUE MACONSEQUE CONSEQUE RIBUTING TO I	ENCE OF SHOV ENCE OF ENCE OF ENCE OF		200 AUTOPSY?	20b   IN C	IF YES, WEF	RE FINDIN	GS USED OF DEATH?
AL CERTIFICATION	Conditions, if ony, gove rise to imm couse (o), storin underlying couse  PART 2 OTHER SIGN  19a. DATE OF OPERAT  21a. ACCIDENT WAS UND OR CONTRIBUTING [] C	which nediote g the lost.  WIFICANT COND  WERLYING 2  CAUSE OF DEATH	DUE TO, OR AS  (b)  DUE TO, OR AS  (c)  DITIONS CONTINE  THE CONDITION  THE CONDI	A CONSEQUI SACONSEQUI RIBUTING TO I	ENCE OF DEATH BUT	LOS ATHUM NOT RELATED TO THE TERM	200 AUTOPSY?	20b   IN C	IF YES, WER ERTIFYING YES	RE FINDIN CAUSES	IGS USED
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_	Conditions, if ony, gove rise to imm couse (a), statin underlying couse  PART 2 OTHER SIGN  19a DATE OF OPERAL  21a. ACCIDENT WAS UNE OR CONTRIBUTING CIFETHER. NOTIFY MEDIX  21d INJURY OCCULRE WHILE NOT WHE	Which nediote g the lost.  WIFICANT COND  WERLYING 2 AUSE OF DEATH ALEXAMINER)  ZED 21  (this hospital) of the dalive on	DUE TO, OR AS  (b)  DUE TO, OR AS  (c)  DITIONS CONT  196 CONDITION  P.M.  P.M.  P.M.  PLACE OF  (AT HOME, STREET,  ottended the di	A CONSEQUENCE OF THE PROPERTY	ENCE OF ENCE OF ENCE OF ENCE OF ENCE OF OPERATION AY YEAR 19 FARM, ETC.)	NOT RELATED TO THE TERM IN WAS PERFORMED  21c. HOW INJURY OCCUR	200 AUTOPSY?  YES NO  RED (ENIER NATURE OF	IN C	IF YES, WEF ERTIFYING YES 1	RE FINDIN CAUSES DRPART 2)	NGS USED OF DEATH? NO STATE
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-12555	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENS 6	8 5 5 5 EDT
2.0	I. DECEASED NAME FIRS	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
y be death	MARY	FRANCES	POOLE	JULY	12, 1986 422 AM
at of the same	BEMALE	4. RACE BLACK	5. DATE OF BIRTH OCT • 9 86	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN
on direction	To BIRTHPLACE (STATE OR FOREIG			9 BALTIMORE CITY OR COUN	
	BALTIMORE	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	ANNE ARUN	IDEL COUNTY MD.
1 11 11	GLEN BURNI	(IF NOT IN SUCH FACILITY, GIVE STRE NORTH ARUNI	DEL HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING TECHNICIAN .	126 KIND OF BUSINESS OR INDUSTRY
	WARYLAND	ME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE DUNTY 136, CITY OR TO BALT II	MORE YES X NO [	136 STREET ADDRESS / ZIP CO	AVE. 21213
1 100	COURTNEY	ROBINSOI	***************************************	MIDDLE	LYONS
on ond co	OR UNKNOWN) (IF Y	5. ARMED FORCES? 166. SOCIAL SEC ES, GIVE WAR OR DATES) 220-20-		LE 1401 LINW	OOD AVE 21813
he fore requires that the death clian. has been speed by the attending person. Then please remove continue prior to buriot, cremation, or firm prior to buriot, cremation, or Other traumation.	Conditions, if any, whis gave rise to immedia cause (a), stating it underlying cause la PART 2. OTHER SIGNIFIC 190 DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING.	DUE TO, OR AS A CONSEO	UENCE OF  DEATH BUT NOT RELATED TO THE TERM THOPERATION WAS PERFORMED	20g AUTOPSY? Z0b IF	GIVEN IN PART Ito  VES, WERE FINDINGS USED THYING CAUSES OF DEATH? YES NO NO
SEEAN, Ing physic certificate untal transfer the bernot they beneated they have also also also also also also also also	OR CONTRIBUTING CAUSE	DEDEATH HOUR A.M. MONTH MINER) P.M.	DAY YEAR 19 211 LOCATION	RRED (ENTER NATURE OF INJURY IN ITEM )	B PART ( OR PART Z)
otherd other the but the but a the but here they are they be they are the are they are the are they are they are they are they are they are they are the are they are the are the are they are they are the are they are they are they are the are they are they are they are they are the are th	21d IN JURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY [AT HOME STREET, FACTORY OFFICE		CITY OR TOWN	COUNTY STATE
TO HOSFITAL OR ATTENDIN retained by the Solphol or 1 TO FlavERAL DRECTOR. At should be detached for use as well the State Dept. of Health IMPORTANT. If them 21 is more	220.1 certify that (a) (this saw the deceased of above (1)/we) (dy) (c) 272b. SIGNATURE	SCHWARTZ M.D.	DEGREE ATTENDING PHYSICIAN ATTENDING PHYSICIAN GLEN B	n death accurred on the date and the date an	D SUITE 200
ВР	23a. BURIAL, CREMATION, REMO (SPECIFY) BURIAL		NAME OF CEMETERY OF CREMATORY ROWNSVILLE VETER	AN CROWNSVILL	E M.D. STATE
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 FUNERAL DIRECTOR	AL HOME 5209 Y	25a. DA	TE REC'D. BY REGISTRAR 256 REG	

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THE MARKET THE SECOND YOLK MILE

NAY 23-40-20-20-20 HOMER POOLS 1400 II WEEL AV 25%

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attending physician and

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH

1.	FOR STATE REGISTRAR		EALTH AND MENTAL HYGI ICATE OF DEATH	ENES 6	1800,
1. SE	IRTHPLACE (STATE OR FOREIGN 78	RACE  S. DATE O  MONTH  MAR  B. CITIZEN OF WHAT COUNTRY?  B. MARRIED  WIDOWEI  T. NAME OF HOSPITAL, NURSING HOME O  HOT IN SUCH SACILITY, GIVE STREET ADDRESS)  IL GIVE RESIDENCE BEFORE ADMISSION	NEVER MARRIED DIVORCED DIVORCED ROTHER INSTITUTION  EN.	6. AGE (INYEARS (AST BIRTH  BO  9. BALTIMORE CITY OR  13. STREET ADDRESS /	YRS. COUNTY OF DEATH  PRUMPEL  126 KIND OF BUSINESS OF WORKING LIFE) INDUSTRY  REFERENCE OF THE STREET OF THE STRE
14 F	MI WAS DECEASED EVER IN U.S. ARM	POPOVICH  JED FORCES? LISH SOCIAL SECURITY NO	15 MOTHER'S MAIDEN NAM	AE MIDDLE	CHOCHOK
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE  Conditions, if ony, which gove rise to immediate couse (o), stating the	BY.	Lan Amest.	rje# 210 s	OUTH BRIDGE DF  APPROXIMATE INTERVAL  BETWEEN CHARLES AND DEAT  STANDARD
CERTIFICATION	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT IN 196 CONDITION FOR WHICH OPERATION		200 AÜTOPSY?	20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (15 EITHER NOTICY MEDICAL EXAMINER)  210. NOTWILE NOT WHILE ALL WORK ALL WORK	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19  21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM, ETC.)	216. HOW INJURY OCCURR 216 LOCATION STREET		Y IN ITEM 18 PART I OR PART ?)
	220 I certify that (1) (this hospito saw the deceased alive on obave two) (did) (did) (1) 22b. SIGNATURE  22d. PHYSICIAN'S NAME (TYPEOR)  WEVEN AN	view the body after death.  Break W	DEGREE ATTENDING		te and hour and from the causes stated  22c. DATE SIGNED  7/7/84
	BURIAL, CREMATION, REMOVAL  30 RIAL  UNERAL DIRECTOR  NAME  UNERAL DIRECTOR	236 DATE 7-9/86 HOLY 1 7-9/86 HOLY 1 450NS INV. CHEST	EMETERY OR CREMATORY  KOSARY  250. DATE	234 LOCATION CITY OF TOWN PUNDAL EREC'D. BY REGISTRAR	STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

should be different for with the State Dept. of Heal TO FUNERAL DIRECTOR

18181 JUAN H. POPOVICH LOVEYS 19-4 9E M V MAK JE 1906 300 M ELEN BUKHIE N. ARUNDEL GEN. STEELWORKER WETH STEET MD BALTO SLEYZURME - 210 SOUTH BRIDGE DIS PETER POPULOH MARY CHOCHOK ME - SIS CHAMOS JEAN POROBLE SID SOUSHER DEED TR BURIAL 9-9/86 HOLY ROSARY RUNDALK MID JOHN MAKERER YOUNG THESTER BT

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161/	1.	FOR STATE REGISTRAR	DEPART	MENT OF	HEALTH AND MENTAL HYGI FICATE OF DEATH	IENES 6	0.	, 0	EŚT
ge 3		CEASED NAME FIRST ALICE	. B.	POWE	LL	20 DATE OF DEATH  JULY		1986	26 HOUR 835 PM
fer d	3. SE		4. RACE	5 DATE	OF BIRTH	6 AGE (IN YEARS LAST BIR	(THDAY)	FUNDER! YEAR	IF UNDER 24 HRS
ecto irs of		MALE	BLACK	3	21 1903	83	YRS	JINING DATS	HOURS MIN.
34	MA	RTHPLACE (STATE OR FOREIGN	Th. CITIZEN OF WHAT COUNTRY!	MARRIE WIDOW	ED XXIEVER MARRIED DIVORCED D	9 BALTIMORE CITY C			Y MD.
	K	GLEN BURNIE	NORTH ARUNDEL			120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF HOUSEWI		126 KIND O INDUSTRY	F BUSINESS OR
shoote transfer	MA	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUNTY A.A		VN	YES NO	13e STREET ADDRESS		210	137
of the solution of the solutio	1)"		MIDDLE LAST		15. MOTHER'S MAIDEN NAM	WIDDLE		LAS	T
52	140.1	DAN TET. VAS DECEASED EVER IN U.S. AR	MOUL:	The state of the s	SARA	H ADDR		OHNSON	
on ond or is. Poges	100 (		VE WAR OR DATES)	URITY NO.	DANIEL MOULD	Edgemater, EN 416 Mill	Md. 21 Swamp	Rd.	
the ottending phys remove corbonpol remotion, or remove ner troumotic event		PART I. DEATH WAS CAUSE IMMEDIA  Conditions, if ony, which gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE    DUE TO, OR AS A CONSEQUE   DUE TO OR AS A CONSEQUE   DUE TO OR AS A CONSEQUE	ENCE OF				DETWEEN.	MATE INTERVAL PASET AND DEATH
signed by nen please b burial, c ury, ar at	z	06.	(c) CALDIO (CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERMI			N IN PART Tro	)
hos been it permit. The ene prior to ows ony in	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH		N V CS 7 I J OT	200 AUTOPSY?	20b. IF YES,	WERE FINDIN	IGS USED OF DEATH? NO
certificate riol-transition 18 shiften 18 sh	_	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCURRI	ED (ENTER NATURE OF INJU	RY IN ITEM IB PAR	RT I OR PART 2)	
offendir frer this os the but th and M orked or	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE.	FARM ETC )	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
CTOR: A d for use . of Heoling		sow the deceosed olive on	tol) ottended the deceosed from  7 25  19  it) view the body ofter deoth.	36.	nd that in (my) (our) opinion d	to 7	ote and hour	ond from the	that (1) (we) lost couses stated
by the horner ERAL DIRE e detochec Stote Dept		226 SIGNATURE ALL	ULL DR PRINT)		DEGREE  ATTENDING PHYSICIAN  222 ADDRESS  ATTENDING PHYSICIAN  ATTENDING PHYSICIAN  ATTENDING PHYSICIAN ATTENDING PHYSICIAN ATTENDING PHYSICIAN ATTENDING PHYSICIAN ATTENDING PHYSICIAN ATTENDING PHYSICIAN ATTENDING	MEDICAL STAI DIRECTOR □ PHYSIC E PATAPS	IAN 🗌		6/86
TO FUNERAL Eshould be deto with the Stote [IMPORTANT: If		SURYA P. MU	NDRA, M.D.		BALTIMORI	E, MARYLAND		NOL	
	BUI 24 FI	URIAL, CREMATION, REMOVAL RECEIVE INERAL DIRECTOR	7-30-1986 CH Annapolis, Md.	EWS C	HURCH CEMETERS DATE	23d LOCATION CITY OR TOWN REC'D. BY REGISTRAR	To REGISTR.	COUNTY A A AR'S SIGNATU	Marylan (
(VRA 15, 4)	WI	LIAM REESE & S	ONS MORTUA RY,	.A.	AU	g 1 1986	Julia L	under.	Pandace

STATE OF MARYLAND

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916	FOR STATE REGISTRAR		DEPARTA	MENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH	IENB 6	186	6 9 EDT
0 7 U	1. DECEASED NAME	FIRST	WIDDLE		AST	20 DATE OF DEATH A	AONTH DAY YEA	AR 26 HOUR
0 0 0	ROBER	T WHI	TE	PRICE	HARD	JULY	8, 1986	1257 AM
fer o	3. SEX	4 RACE		S. DATE (		6. AGE (IN YEARS LAST BIRTH	MONTHS D	YEAR IF UNDER 24 HRS
20	Male	Whi	te	June		73	3 YRS	ATS THOOKS MIN.
113	76. BIRTHPLACE (STATEORFI COUNTRY) Virginia	US	F WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR ANNE AR		
134	GLEN BURNI	(IF NOT IN S	F HOSPITAL, NURSIN UCH FACILITY, GIVE STREET ARUNDEL	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Phyician	WORKING LIFE) INDUST	nd of Business or TRY f Employed
11 15	USUAL RESIDENCE (IF NURSI 130. STATE Maryland	NG HOME OR OTHER INSTITUTION 136 COUNTY  A A CO.	13t, CITY OR TOWN Pasaden	N	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / 457 Edgewa	ZIP CODE	21122
TO LO	14 FATHER'S NAME FIRST Robert	M. widdre	Pricha		15. MOTHER'S MAIDEN NAM FIRST Justine	WE WIDDLE		LAST Unknown
Poges 1		N U.S. ARMED FORCES' (IF YES, GIVE WAR OR DATES)  WWII	16b. SOCIAL SECU	RITY NO.			s 7404 New	Cut Road
hos been signed by the or permit. Then please remaine prior to buriol, cremal ms ony injury, or other tro	Gove rise to imm couse (a), stating underlying couse  PART 2 OTHER SIGN  190. DATE OF OPERAT  210. ACCIDENT WAS UND	the lost. DUE TO, (c)	OR AS A CONSEQUE CONTRIBUTING TO D COLUMN DITION FOR WHICH	DEATH BUT	NOT RELATED TO THE TERMINAL THE TERMINAL TO THE TERMINAL TO THE TERMINAL THE TER	dyspul	ITION GIVEN IN PAR 20b. IF YES, WERE FIN IN CERTIFYING CAN	might ex
this certificate the buriof-transit and Mental Hygis and or them 18 als	21a. ACCIDENT WAS UNDID  OR CONTRIBUTING C.  (IF EITHER, NOTIFY MEDIC  21d. INJURY OCCURR  WHILE NOT WHILE AL WORK ALL WORK	AUSE OF DEATH AL EXAMINER)  HOUR AL EXAMINER  (AT HOME. S	OF INJURY A.M. MONTH A	ARM, ETC.)	21c. HOW INJURY OCCURR 21f. LOCATION STREET	Control of the Contro	IN ITEM 18 PART 1 OR PART	1 24
MECTOR, At- thed for use or legs of Health frem 21 is mort	220.1 certify that (1) sow the decease	(this hospital) attacked	U 8 19	816 or	nd that in (my) (our) apinion d		21c D	the couses stoted
O FUNERAL DISAMBLE STATE OF ST	22d. PHYSICIAN'S NA BEN JAMI		IAN. M.D.	nan	720 ADDRÉSS 325	MEDICAL STAFF DIRECTOR PHYSICAL DIRECTOR MARYLAN	RIVE, SUIT	108/86 TE 108
w- n n SF	230. BURIAL, CREMATION, F (SPECIFY) Cremati				emetery or crematory ty Precess, Ir	23d LOCATION CITY OF TOWN  CATONSVI	lle, Balto	o., Md.
- 16 60M 7/84 (RA 15, 4)	24 FUNERAL DIRECTOR PAME Singleton Fu	Meral Home	Glen Bur	nie,	3.5	REC'D. BY REGISTRAR 2	Sb. REGISTRAR'S SIG	HATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

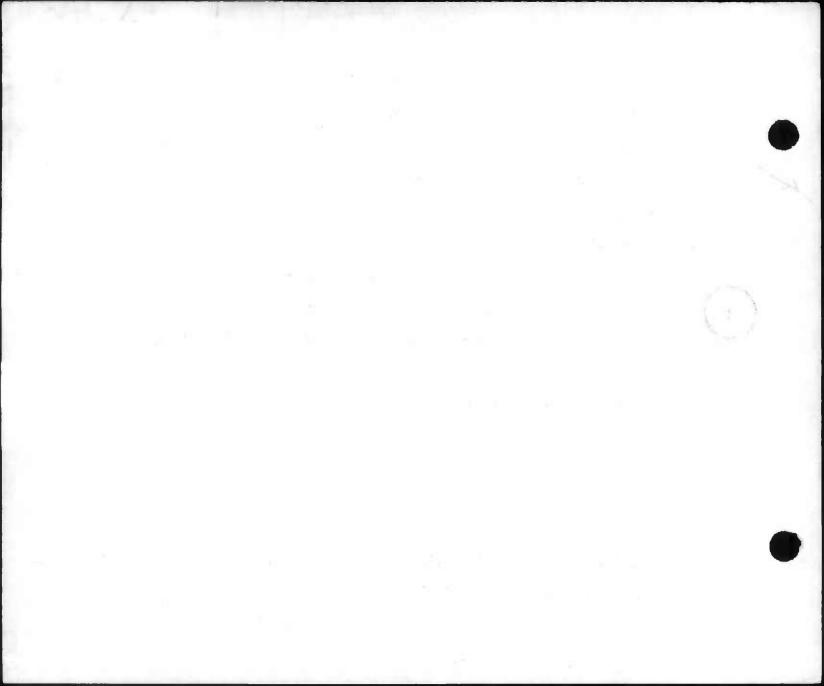
retained by the hospital or attending physician.

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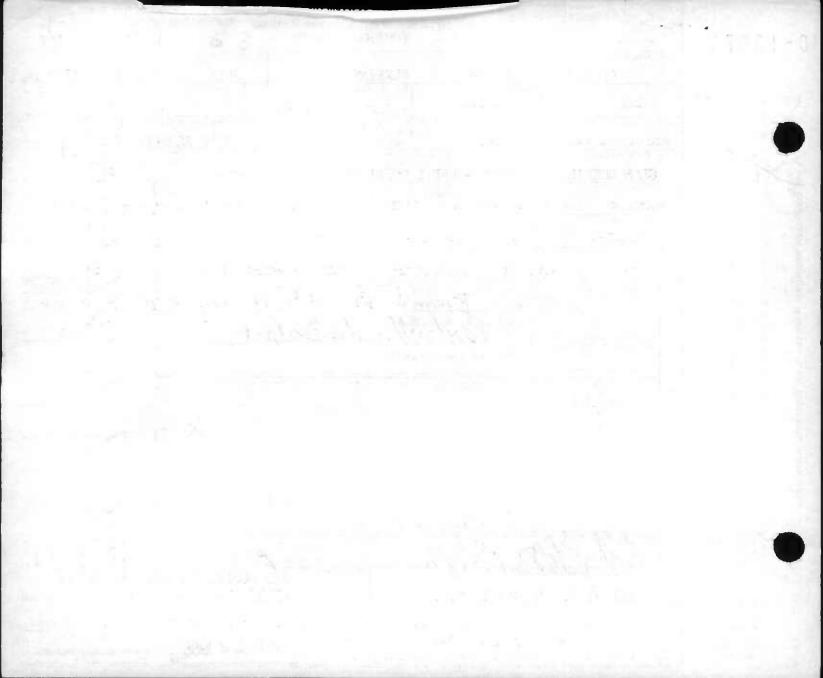
The second of th M. M. Feynman

DHMH - 16 50M 4/83 (VRA 15, 4)

	1 -	FOR STATE REGISTRAR			DEPARTN	ENT OF H	E OF MARYLAND EALTH AND MEN ICATE OF DEA	ITAL HYGI	ENE8	6 REG. N	0.	8	6	7 0	
ı		EASED NAME	FIRST		AIDOLE		AST		2a DATE	0. 0	MONTH	DAY		26 HOUR	- ^
			William		Α		opert				luly 2			10:0	- //\
١	3 SEX			4 RACE	te October 3, 1928			6 AGE	IN YEARS LAST BIR	ITHDAY}	MONTH	DER I YEAR	HOURS	MIN.	
	1 010	Male		Whi		Octo	ber 3,19	28	57 YRS			/ OF D	EATH		
71	C	OUNTRY)			WHAT COUNTRY?	D X NEVER MAR		2 10 10 10	-	_					
4		ew Jerse		USA	HOSPITAL, NURSIN	G HOME C				ne Aru			L KIND OF	BUSINES	MD.
	5	rooklyn		(IF NOT IN SUC	unset Str	ADDRESS)				vork for most of terer	OF WORKING LI	FE) IN	elf-e	emplo	ved
4	USUA	L RESIDENCE (	F NURSING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)							)C   1 (	zinip i o	y cu
Z	13a. S	aryland	136 COUR	VIY	Brook I yn		13d INSIDE CITY YES \( \begin{array}{cccccccccccccccccccccccccccccccccccc	LIMITS?	650	et address ) Sunse	zip cod et Str	ip.	2	1225	
5		THER'S NAME		MIDDLE	t AST		15 MOTHER'S M			WIDDIE			LAST		
4	)	Wi 1	liam	moore	Propert			herin	e				Koei	nig	
٦		ES. NO OR UNKNOV	EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU		17 INFORMANT			ADDR					
ı		Yes	Kor	rea	148-18-7	914	Ida M.	Prop	ert,	234 Wi	lliam	is R	₹d.G1	en Bu	<u>ırni</u> e
		IE CAUSE OF	DEATH (Enter or	nly one cause per	line far (a), (b), and		. A					-	APPROXIA BETWEEN O	NATE INTERV	EATH
1				TE CAUSE (a)	Ardio pult	(War	1 1461074					+			
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1			cause last.	DUE TO, OF	R AS A CONSEQUE	NCE OF									
1		PART 2 OTHER	SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO E	EATH BUT	NOT RELATED TO	THE TERMI	NAL DISE	ASE OR CON	IDITION GI	VEN IN	PART 1co		
	MEDICAL CERTIFICATION	Linges	10.6	act fai	lure										
1	ICA	19a DATE OF O	PERATION	196 CONDI	ITION FOR WHICH	OPERATIO	N WAS PERFORM	ED	20a A	UTOPSY?	IN CERTI	S, WEI FYING	RE FINDIN CAUSES	GS USED OF DEATH	1?
4	RTIF	21a ACCIDENT W	AS LINDS DIVING T	7 21b. TIME O	E INTHIDY		21c HOW INJUR	N OCCUPE	YES [	] NO[]		ES 🗌	annini a	NO 🗌	
1	i Ci	OR CONTRIBUTING	G CAUSE OF DE	ATH HOUR A.	M. MONTH DA		210 HOW 11430F	OCCORR	ED (ENIE	R NATURE OF INJU	IKY IN ITEM 18	PARTIC	JK PAKT 2]		
/	DICA	21d INJURY OF	Y MEDICAL EXAMINE	R) P.: 21e PLACE		19	211 LOCATION					_			_
1	WE	WHILE	NOT WHILE	(AT HOME STR	REET, FACTORY, OFFICE F	ARM ETC )	STREE1			CITY OR TO	OWN	(	VINUO	517	ATE
		22a   certify th	not (1) (this hosp	ital) attended the	e deceased from_	polesta		19 84	to	Jan af		19_5	ч.,	hat (I) (w	e) last
1		saw the d above, (1)	eceased alive ar	at) view the bady		St. or	nd that in (my) (av	r) apinian c	leath occi	urred on the d	ate and ha	ui and	from the c	auses stat	ed
		22h SIGNATUR	RE		1		DEGREE	NIDING	MEDIC	A1 57A	e c		224 DATES		1
4		1 Will	rel XC	unai	ってい			SICIAN (	DIRECT	AL STA	CIAN		112	668	6
		224 PHYSICIAN	N'S NAME (LAN)E	ORPRINT)	tzKD		22e ADDRESS								
4		1 CC	اک مس			10.15 -5 -	606 Hai				timor	е	212	225	
		SPECIFY)_	TION, REMOVAL	July 2		late 1	emetery or cre			CITY OR TOWN		COU	YINIY	N.	TE.
	24. FU	Buri INERAL DIRECT		Joury 2	2,00   31	. i'la i	y s cenie			elmawr By Registrar	25b REGIS	TRAR'S	SIGNATU		
		NAME		irklev.	Glen Burn	ie. M	ID.	1,11	11 2	9 1986	700	anur	Mission 1	Particular	Print.
- 1						,		- 196			4.7				



N -	1307	8	FOR STATE REGISTRAR			CERTIFICATE OF DEATH 8 6 REG. NO. 1 8 6 7 FUT										
0	. 0 0 .				FIRST	,	MIOOLE	L	AST		20. DATE C			DAY YEAR	2b. HOUR	
	noy be page 3 r deoth	1	GEORGE			ALFRED PURK			INS		JU	LY	19.	1986	1350 PM	
7	r, po	5	1 SEX		4	. RACE		5. DATE C		YEAR	6. AGE IN	YEARS LAST BIRT	HDAY)	IF UNDER 1 YEAR	F UNDER 24 HRS	
7	recto	-		MALE		WHO		MARC		1915	71		YRS.			
	E 25	23	(	RTHPLACE (STATE OR FOR			WHAT COUNTRY	? 8. MARRIE	NEVER MA	ARRIED -	9. BALTIM	ORE CITY O	R COUNTY	OF DEATH		
•		40		ICHMOND, VA		U.S.		WIDOWE		ORCED		NNE AF		COUNT	OF BUSINESS OR	
5 M		51/		GLEN BURNII	11). NAME OF HOSPITAL, NURSING HOME OF (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  NORTH ARUNDEL HOSP:					(TYPE OF WORK FOR MOST OF WORKING LIFE)			FE) INDUSTRY			
ND 21	1 200	彭	13a. S	TATE 13	b COUNT	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) NTY 136, CITY OR TOWN ARUNDEL GLEN BURNIE			13d. INSIDE CITY LIMITS? YES NO 🛣		13e.STREET ADDRESS / ZIP CODE 413 Delmar Avenu				ne 21061	
BALTIMORE, MARYL	motetely one zet		14 FA	THER'S NAME WILLIAM	м	A.	PURKII	NS	15. MOTHER'S A	RS1	NE.	WIODLE		GOHL	AST	
DRE,	ond co	medical		VAS DECEASED EVER IN		NED FORCES?	16b SOCIAL SEC	URITY NO.	17. INFORMAN	T		ADDRE	SS			
IIWO	ψ <sub>C</sub> Ω.			YES		7. II	212.03.8	8436	PAULINE	E PURK	INS	(WIFE)	SAM			
r., 8AL	physicial npapers.	event, the		18 CAUSE OF DEATH PART I. DEATH WAS			line for (a), (b), a	nd ich	Pm -	The	K1- H	hone	niu	BETWEEN CO	NONSET AND DEATH	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	deoth cer	traumatic e		Conditions, if ony, which (b) CASE A CONSEQUENCE OF CONDITIONS (b) CASE A CONSEQUENCE OF CONDITIONS (b) CASE A CONSEQUENCE OF CONDITIONS (c) CASE A CONSEQUENCE OF CONSEQUENCE OF CONDITIONS (c) CASE A CONSEQUENCE OF CONS									m			
1 W. PR	that the	r other tr		gove rise to immer couse (0), stating underlying couse	the	DUE TO, OI	R AS A CONSEQU	JENCE OF								
RDS, 20	equires	injury, o	NOI	PART 2 OTHER IGNIE	ICANT CO	ONDITIONS CE	INTRIBUTING TO	DEATH BUT	NOT RELATED TO	O THE TERMI	NAL DISEA	SE OR CONC	DITION GIV	EN IN PART T	10-	
AL RECO	on.	2	CERTIFICATION	196 DATE OF OFRATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 106 AUTOPSY IN CE								IN CERTIF	S, WERE FIND FYING CAUSE ES []	INGS USED S OF DEATH? NO []		
OF VITA	CIAN: T	9	100	21s. ACCIDENT WAS UNDER OR CONTRIBUTING CAL LEFETHER NOTET MEDICAL	HE OF DEAT	TIL TIME O HOUR A.	M. MONTH D	DAY YEAR	TH. HOW INJU	JRY OCCURR	ED (enter o	ATUNYOR PULL	n écitew it. i	PART I CREART 21		
O	nding	1	MEDICAL	THE INJURY OCCURRE	100000000000000000000000000000000000000	71+ PLACE	The Control of the Co	take tire	TH LOCATION	4		citt of rox	who	COUNTY	STATE	
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	tol or	4		72x.1 certify that (I) (II saw the decrased	alive an_	/-	19	86	d that in (my) (o	our) ppinion d	eath occurr	ed on the do	ite and has	r and from the	, that (I) (we) last e course stated	
	ATT hospi	1 2		phore, (In/or) (did	Indict port	view the hody	after death.		DEGREE						E SIGNED	
70	TAL OF BAL DE defach	÷ /		Delly (	Id	an	Mys		ATT PH	TENDING TYSICIAN	MEDICAL	STAF		7-/	19-16	
	O HOSPITAL stoined by the	APORTAN		HILARY		HERLIHY	Q p		GLF	325 N BURN		ITAL I			208	
	D € ₹ ₹	1 1		URIAL, CREMATION, RE	MOVAL	23b. DATE	23ε.	NAME OF C	EMETERY OR CR	REMATORY	23d. LOC	ATION		COUNTY	STATE	
	BP	-		BURIAL		JUL, 23	3,1986 G	LEN HA	VEN MEM'		GLE	N BURI		A.A. N	MARYLAND	
	DHMH - 16 60 (VRA 15,			INGLETON FU	VERAT	+ UNC	GLEN BUI	RNTE	MD -	250. DAJ	LEC. D. S.	1 4000		TRAR'S SIGNA	ATURE Handelie	
		,				/							<u>U</u>			



2 6 1 - FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE & GREG NO.	8672
I. DECEASED NAME FIRS		LAST	20. DATE OF DEATH MONTH	OAY YEAR 26 HOUR P
Wl	lliam É.	Radford		1986 11:00 <sub>M</sub>
3. SEX Male	White	June 25, 1932	6. AGE (IN YEARS LAST BIRTHDAY)  54  YR	
7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY) North Caroli		MARRIED NEVER MARRIED WIDOWED DIVORCED	Anne Arund	
Linthicum	11. NAME OF HOSPITAL, NURSIN (IFNOT IN SUCH FACILITY, GIVE STREET 456 Kingwoo		120 USUAL OCCUPATION  1 TYPE OF WORK FOR MOST OF WORK IN	126 KIND OF BUSINESS OR INDUSTRY Railroad
	ME OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR OUNTY A.A. I3a. CITY OR TOW Linthi	E ADMISSION) VN 113d INSIDE CITY LIMITS?	130.STREET ADDRESS / ZIP C 456 Kingwo	
14 FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	ME MIDDLE	LAST
Delphin	Arvil Radf	ord Willie	Fave	Brigmon
160 WAS DECEASED EVER IN U.  1745 NO OR UNKNOWN]  164	s. ARMED FORCES? 166 SOCIAL SECTOR OTE A SOCIA		J. Radford	Same as #13
PART I. DEATH WAS C.	ei only one couse per line for (a), (b), an AUSED BY: DIATE CAUSE (a)		rrest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gave rise to immedia couse Io), stating the underlying couse last	DUE TO, OR AS A CONSEOU	ENCE OF cell ca	of long	10 months
	e 3 molere	DEATH BUT NOT RELATED TO THE TERM	AIN AL DISEASE OF CONDITION	GIVEN IN PART 110.
190 DATEO OPERATION  210. ACCIDENT WAS UNDERLYIN	196 CONDITION FORWHICH	OPERATION WAS PERFORMED		FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?  YES NO NO
OR CONTRIBUTION CALLER	DE DEATH HOUR A.M. MONTH D		RED (ENTER NATURE OF INJURY IN ITEM	A 18 PART   OR PART ?)
(IF EITHER NOTIFY MEDICAL EXAMPLE AT WORK AT WORK	21e PLACE OF INJURY	FARM ETC ) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
220 1 certify that (I) (this	haspital) attended the deceased from _ re on19	86, and that in (my) (our) opinion	death occurred on the date and	hour and from the causes stated
22b. SIGNATURE	Poly view in body after death.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 7/23/66
Dr. Victo	r Risch, MD	Johns Hopk	ins Hosp.Bal	N. Wolfe St., to., Md.
Dr. Victo  230 BURIAL CREMATION, REMO (SPECIFY)  Burial	7/27/86 Br	name of CEMETERY OR CREMATORY igmon_McPeters	234 LOCATION CHYORTOWN CEM. Mars Hi	11, Madison, N
McCully Fune	ral Homes Barto	atapsco Ave. 25 JU	L 2 4 1986	GISTRAR'S SIGNATURE

(-) A Alexander de la companya de la com de l'estate au Side à Sancial

			STATE OF MARYLAND		
-12869	FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTAL HY  CERTIFICATE OF DEATH	GIENES 6	8673
	1. DECEASED NAME FIRS	T MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
may be poge 3	(TYPE OR PRINT) MARSHAL	L Warren	REINECKER	JULY 12, 198	6 705 AM
Pog er de	3 SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
soft	Male	Caucasian	March 7, 1921	65 YRS.	MONTHS DATS HOURS MIN.
Pod dir	76. BIRTHPLACE (STATE OF FOREIG	75. CITIZEN OF WHAT COUNT	RY? 8	9. BALTIMORE CITY OR COUNT	Y OF DEATH
nero n 72	Pennsylvania	United States	MARRIED NEVER MARRIED W	ANNE ARUNDE	L COUNTY MD.
C54	GLEN BURNIE	11. NAME OF HOSPITAL, NU	RSING HOME OR OTHER INSTITUTION THE HUSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Unknown	126. KIND OF BUSINESS OR INDUSTRY Unknown
U33	13a. STATE 13b. 0	OME OR OTHER INSTITUTION, GIVE RESIDENCE E COUNTY 13c. CITY OR THE Arundel Glen I	TOWN 13d. INSIDE CITY LIMITS?	130.STREET ADDRESS / ZIP COLUNKNOWN	DE 2/06/
1020	14 FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA	MIDDLE	LAST
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Page /	(YES, NO OR UNKNOWN) (IF Y	ES. GIVE WAR OR DATES)	4-1954 Richard Re	einecker R.D.	#1 Manchester
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D 8 2 6 3 3	230 BURIAL, CREMATION, REMO	July	23 NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
BP	Buria1	15, 1986	Cassell's Cemetery		York Pennsylvan
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	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARTLAND 21 201		TO HOSPITAL RATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours at the Conf. Pose 4 may be	Ferninea by the haspital or attending physician.	10 FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in 19, 111 full page 3 should be filled in 19, 111 full page 3 should be detected for use as the buriol-transit permit. Then please remove corbon pages? Dates I and 2 should be filled in 19, 111 full pages.	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.	MPORTANT: If Item 21 is marked at Item 18 shaws any injury, at other traumatic event, the medical examiner mus behaviored of ange.

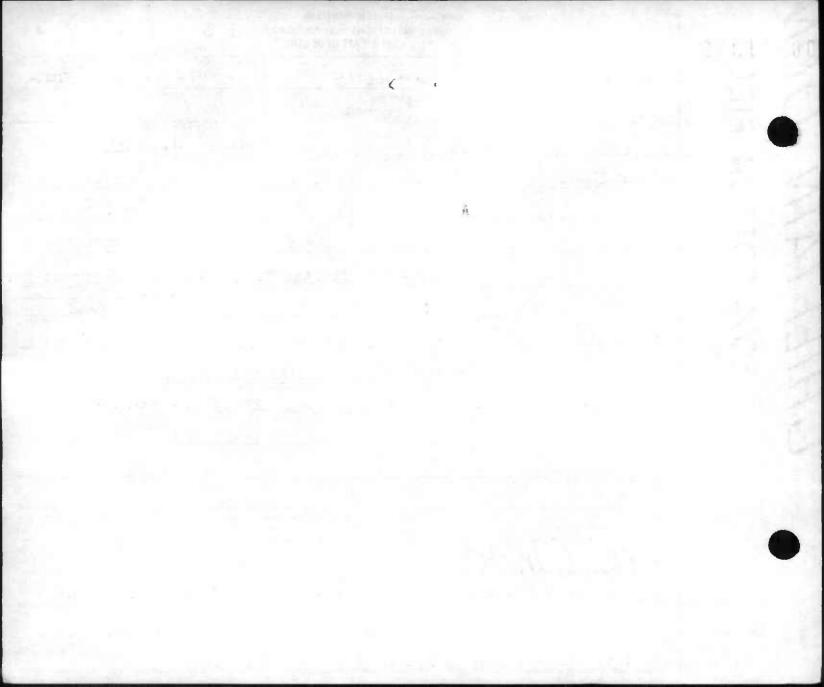
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DHMH - 16 60M 7/ (VRA 15, 4)

	- STATE REGISTRAR				CERTIF	ICATE OF DEATH	3	REG. NO		8	6	1
	PE OR PRINT)	FIRST		MIDDLE	L	AST	20 DATE OF	DEATH /	HINOM	DAY	YEAR	26 HOU
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3. SE	EX		4 RACE		5. DATE C		6 AGE INY	EARS LAST BIRT	HDAY)	FUNDER MONTHS	DAYS	HOURS
	Male	- 63	WI	hite	Feb.	24, 1913		73	YRS			
70 B	BIRTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9 BALTIMO	RE CITY OF	COUNTY	OF DE	ATH	
N	Maryland		U.S.	Α.	WIDOWE	_		ANNIE.	ADLINID	EI C	OLBE	Taz
10 0	CITY OR TOWN OF	DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	176 USUAL	CCUPATION	24 COLAD	126	KHYBYG USTRY	BUSINE
	GLEN BI	JRNIE	22000	IH ARUNDE		PTTAI	Welde		4 CRAING SH			Ste
130.	UAL RESIDENCE (IF STATE aryland	13b COU	ROTHER INSTITUTION.		E ADMISSION)	13d. INSIDE CITY LIMITS?						
A.	FATHER'S NAME	Fillic	HEUNGEL	GEEN DUI	IIIC	YES NO X	209 M	argat	e Dr.		210	6 <u>L</u>
Ф	UNKNOWN		MIDDLE	Ridenbaug	jh	Clara	10/11b	WIDDIE		NOWN		
160	WAS DECEASED E	VER IN U.S. AF	RMED FORCES?	16b. SOCIAL SECU	JRITY NO.	17 INFORMANT (S	Son)	ADDRES	SS207	Marc	rate	Dr.
	YES, NO OR UNKNOWN	W.V	VE WAR OR DATES)	214-07-5	364	Mr. Bruce A	A. Riden	baugh	, Jr.	Gler	n Bu	rnie
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01 W. PRESTON ST., BALTIMORE, MARYLAND 21201	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., E	

- )-11329	1-	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	8 6 7 5
	1. DEC	CEASED NAME FIRST	MIDDLE .	PI/CIIX	20 DATE OF DEATH MONTH DAT	YEAR 26 HOUR
noy be poge 3 rr deoth	1 000	HOWARD		N/661NS	1-1-0	UNDER LYEAR IF UNDER 24 HRS
ge 4 mc ector p	3. SE)	male	white	March 18, 1905	81 YRS	NIHS DAYS HOURS MIN.
72 hours	(	RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT COUNTRY	MARRIED WEVER MARRIED	ANNE ARWO	,
with the force		Itimore.Md.	U.S.A.	WIDOWED DIVORCED DIVO	120 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY
to the Acou	-	LESIDENCE IF NURSING HOME OF	Plesant L	iving Conv. Cent		automotive
AND 21 ho	13a S	1 . 13b. COUI	NTY 130 CITY OR TO	VN 136 INSIDE CITY LIMITS?  VES X NO	13e STREET ADDRESS / ZIP CODE 2442 Holly Av	re.2/40/
mpletely pnd 2 s	1	THER'S NAME FIRST	W. Rigg	ins Daisey	ME	Davidson
iol of other	16a V	AS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL SEC		ADDRESS	
n ond Poge	()	no (IF YES, GP	ve war or dates) 219-26	5-4737 Clifton E	E. Riggins 2106	
rificote b physicio physicio physicio physicio physicio physicio physicio physicio physicio physicio		PART I. DEATH WAS CAUSE	nly one couse per line for 101, (b), o ED BY: TE CAUSE 10)	MONITIS	Ann.Md.	BETWEEN ONSET AND DEATH
STONS tending ve corbs on, or re		Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF THE PROPERTY OF	DENGE OF COPD		VEARS
ol W. PRE that the d d by the o lease remot iol, cremot		gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUE	JENCE OF	-ASE	?
S, 20 uires t agned en ple burno ury, or	z			DEATH BUT NOT RELATED TO THE TERM		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMOKE, MARTLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours rattending physician.  Wher this certificate has been signed by the attending physician and completely filled in by as the burial-straint permit. Then please remove corbonpopers. Pager, and 2 strong the filt hand Mental Hygiene prior to burial, cremation, or removal.  orked or them 18 shows any injury, or other traumatic event, the medical examine requires	CERTIFICATION	CEREBRAL 190 DATE OF OPERATION		DE HY DRATTON HOPERATION WAS PERFORMED	200 AUTOPSY? 206 IF YES. Y	WERE FINDINGS USED NG CAUSES OF DEATH?
SICIAN: The ng physicion certificate h rial-transit pental Hygier ltem 18 show		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	ATH HOUR A.M. MONTH	DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	T + OR PART 2)
DIVISION OF VI DING PHYSICIAN. or ottending phys After this certifica e os the buriol-tron olth and Mental Hy morked or Item 18	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE)  216 INJURY OCCURRED  WHILE NOT WHILE AT WORK	P.M.  21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE.	FARM ETC) 211 LOCATION STREET	CITY OF TOWN	COUNTY STATE
00 4 00 E		22a I certify that (I) (this hosp	ital) attended the deceased from			2, that (I) (we) lost
R ATTEN hospitol RECTOR ned for ur spt of He			n19_ of view the body after deoth.		death occurred on the date and hour o	
0 . 0 70 -		22b. SIGNATURE	W. Kina		MEDICAL STAFF DIRECTOR   PHYSICIAN	22¢ DATE SIGNED
TO HOSPITAL Cretorined by the TO FUNERAL Eshould be detoo with the Store EMPORTANT: If		CHARLES L	W. KINZER	16 MURR	AY AVE ANNOPE	neis MD
Og Cay	23 o E	URIAL, CREMATION, REMOVAL	. 23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	236. LOCATION	COUNTY STATE
BP		Burial	7/3/86	Hillcrest Cem.	Annapolis, A	A. Co.Md.
DHMH - 16 60M 7/84 (VRA 15, 4)		INERAL DIRECTOR Ardesty Fune:	ral Home Ann.M	25a DA1	TE REC'D. BY REGISTRAR 256. RÉGISTRA	AR'S SIGNATURE

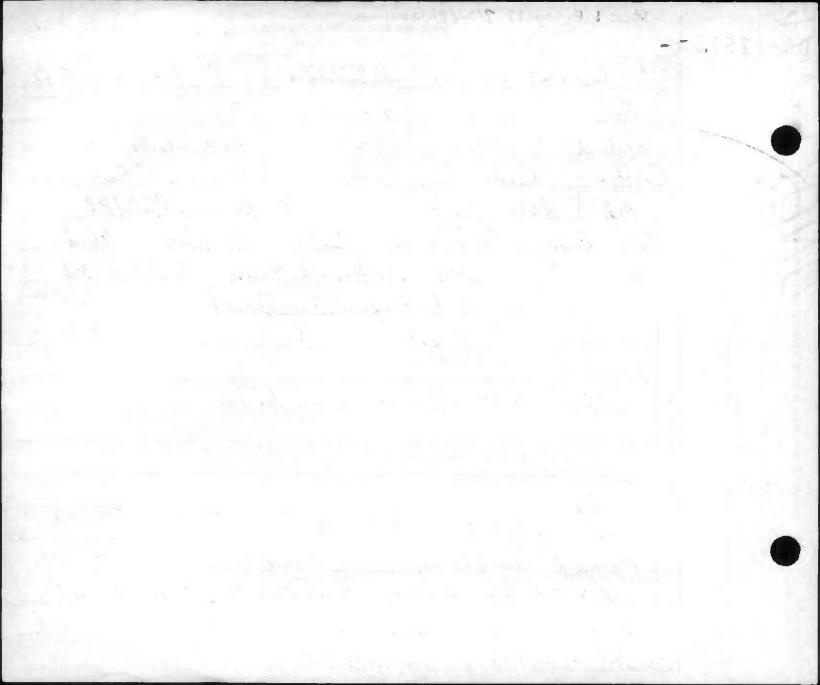


			STATE OF MARTLAND	
n _	13346	1.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6 8 5 7 0	
U	13340		REG. NO.	
	ny be oge 3 deoth		CEASED NAME AGNES YORK ROBERTSHAW 20 DATE OF DEATH MONTH DAY YEAR 26 HOURS FOR PRINT)	
	t muy	3.5E	X 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 MRS	
	3	1	IRTHPLACE (STATE OF FOREIGN 1/2 CITIZEN OF WHAT COUNTRY? 8. PART OF PA	
	100	(C)	MARRIED NEVER MARRIED Anne Arundel MD.	
	d dip		ITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  120. USUAL OCCUPATION  (IF NOT IN SUCHEACHLY, GIVE STREET ADDRESS)  120. VIVE OF WORK FOR MOST OF WORKING LIFE)  121. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (IF NOT IN SUCHEACHLY, GIVE STREET ADDRESS)	
201		10	prapolis Hone Hrundel General Hospital Homemaker Home	
ND 21	1 1 2	ia.	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  STATE  136. CUTY OR TOWN  136. INSIDE CITY LIMITS?  138. STREET, ADDRESS / ZIP CODE  21031  139. STREET, ADDRESS / ZIP CODE  21031  130. STREET, ADDRESS / ZIP CODE  21031	
KYLA	11	)4)E	ATHER'S NAME  FIRST  MIDDLE  AST  MIDDLE  LAST	
MARYLAND	1 11	1	Charles Kelley Clara Adelia Simpson	
BALTIMORE,	A dico		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS Same as	
AI.	1 62 1		Ala John Boots Division of the Control of the Contr	
2	rtificate physic on pape emovo event,	16	PART I. DEATH WAS CAUSED BY:	_
N ST	0000		IMMEDIATE CAUSE (a)	
PRESTON			Conditions, if any, which Consequence of the Bucoles	2
	t the re-		gove rise to immediate couse (a), stating the DUE TO, ON ANT SAISEOUP CE OF	
.W [0	tho d b leas	0	underlying cause lost 1 1000 Delaure Mis Wales Buch Co	-
DIVISION OF VITAL RECORDS, 201	requires the signed by Then pleas into buriol, injury, or c	z	PART 2. OTHER SECONDITION CONTRIBUTING TO DEATH BUT NOTIFICATED TO THE JERMINAL DISEASE OF CONDITION GIVEN IN PART 110 HAST	-
CORI	been mut. The prior t	CERTIFICATION	190 DATE OF OPERATION 190 CONDITION FOR HICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED	
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ISIO		MED	214 INJURY OCCURRED  214 PLACE OF INJURY  INT HOME STREET FACTORY, DEFECT FARM STOLEY  STREET  STREET  STREET  STREET  STREET	
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	ATTENDING sspitol or oth ECTOR: After d far use as the t af Health a		the deceased alive an 19 the body after death. 19 the body after death.	
	St S		226 SCHATUS DEGREE ATTENDING A MEDICAL STAFF 216 DATE SIGNED	
	Sy the SRAL D detoc	4	PHYSICIAN ADIRECTOR PHYSICIAN   ///9/00	
	HOSPITAL  FUNERAL  Sould be det  the State  PORTANT:		POR TILED HOLL IN THE CITYPE OF PRINTI)	
	TO HOSPITAL retained by the TO FUNERAL should be determined the State with the State IMPORTANT: I	230	BURIAL, CREMATION, REMOVAL 23b, DATE 23t NAME OF CEMETERY OR CREMATORY 23d, LOCATION	
	BP	1	Burial July 241986 Arlington Drexel Hill Del Engry Ph	9.
	DHMH - 16 60M 7/84		FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b, REGISTRAR'S SIGNATURE	
	(VRA 15, 4)	110	aylor Funeral Chapel Annapolis, MD JUL 23 1988 Adia Duris	4

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		Item 1, Film	G617 7/22/	86 jab STAT	E OF MARYLAND		. 0	2 7 7
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0 1 4 0		EASED NAME FIRST	MIDDIE	/ ^	Rodgers		MONTH DAY YE	AR 2b HOUR
be ath	{TYPE	OR PRINT)	P. Elleman	16 2	Rougers		7-10-8	6 5 Pu
may be page	3. SE.	0,0-0-0	4 RACE	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR		
ge 4 ector ors aft		Male	White	MONTH 7	-20-1909	76	YRS.	DAYS HOURS MIN.
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1 100	h.c	TY OR TOWN OF DEATH	11. NAME OF HOSPITA	L, NURSING HOME		120 USUAL OCCUPATI	ON 12b. KIN	ND OF BUSINESS OR
A 12 %()	16	rotton		GTE STREET ADDRESS)	ater	TYPE OF WORK FOR MOST O	F WORKING LIFE) INDUS	IN Engines
111	\$U	L RESIDENCE (IF NURSING HOME OF		DENCE BEFORE ADMISSION)			2000	II Shall
11/35		TATE Md 136 COU		of ton	YES NO NO	RTE 424	- Riedo K	7.114
ARYLL Mitt	14) FA	THER'S NAME	MIDDLE D	LAST C	15 MOTHER'S MAIDEN NA	AME MIDDLE	1/ //	IAST /
RE, M	IAc V	AS DECEASED EVER IN U.S. AF	MED FORCES? IN SO	CIAL SECURITY NO.	17 INFORMANT	E / i L O b c	14 N	lard
IMOR			VE WAR OR DATES) 219	-32-0696	Mamre R. N.	0	had Side	Md.
hysicia bapers aval. nt, the		18 CAUSE OF DEATH (Enter of	nly one couse per line for i	(a), (b), and (s	· /-	2 /	BETY	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
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ON S ding orbo or re			DUE TO, OR AS A C	ONSEQUENCE OF				- 1
deat deat atten ave c		Conditions, if any, which	( (b) S	Dris			0	2 days
the company of the co		gave rise to immediate cause (a), stating the	DUE TO, OR AS A G	ANSEQUENCE OF				1)
1 W by by ose ose oth		underlying couse lost.	(6)	DIVSEQUENCE OF				
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST NG PHYSICIAN: The low requires that the death certical physician.  After this certificate has been signed by the attending pass the burial-transit permit. Then please remove carbon th and Mental Hygiene prior to burial, cremation, or ren orkedor the TASAhows any injury, an other traumatic events.		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBU	TING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PAI	RT 11a
RDS	CERTIFICATION	Caroni	2 Obstruc	Two Ru	luovake 1	wasi		
ow re	CAT	190 DATE OF OPERATION	196. CONDITION FO	OR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FI	INDINGS USED
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VIS G P other one keal	Σ	WHILE NOT WHILE	(AT HOME STREET, FACTO	DRY, OFFICE, FARM, ETC.)	SINCEI	CITORIO	WI COOK!	SIAIC
DI LOIN LOIN LOIN Lose os Bealth		220.1 certify that W (this hosp	ital) attended the deceas	ed from 130	19 8 =	5 to Dar Cy	10 1986	that ( ) (we) lost
TEN ortal TOR of He		saw the deceased alive or	Verly 9	19	nd that in (my) (aur) apinion	death occurred in the de	ate and hour and from	
A ATTENDA AUTENDA AUTE		22b. SIGNATURE	ne body after de		DEGREE		22c C	DATE SIGNED
AL O the Older		Lane K.	Vatter	MAI	ATTENDING PHYSICIAN	MEDICAL STAF	IAN [	7/11/86
HOSPITAL ned by the FUNERAL Ide be deto the State In the	<	THE PHENERCIAN STANKE THE	To United	/	22e ADDRESS		0	1 1
O HOSPI etained b TO FUNE shauld be with the S		BARRY	C. NATASH	U501/	51 FRAM	KLIN ST.	HUNAT	2/11/
7 5 F 2 3 3	23a. E	URIAL, CREMATION, REMOVAL		23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION	1 colons	Actard
BP		Bunial	7-13-86	Quaker	Cem.	(39/05v;/1	s AAC	s 14d.
DHMH - 16 60M 7/84	24. FI	INERAL DIRECTOR	111	ADDRESS A	1 1 250. DA	TE REC'D. BY REGISTRAR	256 REGISTRAR'S SIG	SNATURE
(VRA 15, 4)	1	ardesty tune	ral Home	Donge	1/3 /98	OF 10 1800		

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PF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	THE T
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	1			STATE	OF MARYLAND		. 9	STATE OF	7 0
13202	1.	FOR STATE REGISTRAR			ALTH AND MENTAL HYG CATE OF DEATH	IENE 8 5	) <b>3</b>	0	*
25		CEASED NAME FIRST	MIDDLE	LAS	ST	20 DATE OF DEATH .	1 00		26 HOUR
y be		BAR	ARA JOANNE	Ku	TLEDGE		Jury 21	86	1440 M
a di ta	3. SE	ν	4. RACE	5. DATE OF	BIRTH DAY YEAR	6 AGE (IN YEARS LAST BIR	THDAY) IF UNE		HOURS MIN.
a do si		F	CAU	June	7 1927	59	YRS		, and
1659		RTHPLACE (STATE OR FOREIGN - USA	76 CITIZEN OF WHAT COUNTRY? USA	? 8. MARRIED WIDOWED	□ NEVER MARRIED □ □ DIVORCED [X]	9 BALTIMORE CITY O Anne Arun	_		MD.
Kila 1	A	nne Arundel	11. NAME OF HOSPITAL, NURSI LIF NOT IN SUCH FACILITY. GIVE STREE KIMBrough Army	NG HOME OR	other Institution ity "Hospital	12a USUAL OCCUPATION OF FICE BOO	ON 121	b. KIND OF	BUSINESS OR
35	M	aryland An	R OTHER INSTITUTION, GIVE RESIDENCE BEFOR	ade	13d. INSIDE CITY LIMITS? YES NO	3074 A Mo	CI A	1	Meade land
100	DIL FA	THER'S NAME FIRST	BATESON LAST		15 MOTHER'S MAIDEN NAA FIRST	UNK		LAST	
Poges	1		RMED FORCES? 166 SOCIAL SEC VE WAR OR DATES) 374-20-		Robert C. Ru	tledge/son	SS 3074 A Ft Meade	e. Md	20755
g physicis can paper remaval.		PART I. DEATH WAS CAUS	nly one couse per line far (o), (b), a ED BY: TE CAUSE (a) RESP)		Y FAILURE			BETWEEN OF	NATE INTERVAL NSET AND DEATH
by the attendin use remave carb cremation, arr		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE (b) CO.P.D.	2				2 4	EARS
m signed by Then pleos r to burial, or injury, or of	NOI		( (c) CONDITIONS CONTRIBUTING TO	DEATH BUT N	NOT RELATED TO THE TERM	inal disease or con	DITION GIVEN IN	PART 110	
hos bee if permit rene prio	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	- OPERATION	WAS PERFORMED	20a AUTOPSY?  YES █ NO□	20b IF YES, WEI IN CERTIFYING YES		
mather 19		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH D	DAY YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I C	OR PART 2)	
attendin the but tond Me sked or h	MEDICAL	21d IN JURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE.	FARM, ETC.)	21f LOCATION STREET	CITY OR TO	wn c	TOUNTY	STATE
CTOR: At CTOR: At I for vise a of Health		saw the deceased alive or	transport the deceased from the second from th		that in (my) (sort apinian a	to pre-			hat (I) <del>(ma)</del> last ouses stated
AAA DIRE detuched tate Depa		22b. SIGNATURE O	Nappl pro co	ne		MEDICAL STAF		7-12	IGNED
CO FUNER O FUNER O FUNER MPORTAN		MILE A	. ROYAL MO	com	C ADDRESS MEDIC	CAL CLIN	JIC, F	TME	EADE, 20755
BP		BURIAL, CREMATION, REMOVA: SPECIFY) CREMATION	July 22,1986 L	EE'S CF	METERY OR CREMATORY REMATORY	23d LOCATION CLINTON,	MARYLAN	1D	STATE
9HMH - 16 60M 7/84 (VRA 15, 4)			TUNERAL HOME, ADD 66.		ALEXANDER DATE	REC'D. BY REGISTRAR	256 REGISTRAR'S	SIGNATU	ire ande 12.
(3101 10, 4)		FERRY ROAD, CI	TIMION INTITITION	20133	30		ed .		

STATE OF MARYLAND

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executed within 24 hours after

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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250 110			

114	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	CEASED NAME FIRST	WIDDLE	LAST	26. DATE OF DEATH MONTH D	1 86 200 ±
	lhon		Kyan	1 2	1 00 Z P M
3. SE	x Male	RACE Caucasian	S. DATE OF BIRTH  MoMarch Do., 1913		FUNDER 1 YEAR IF UNDER 24 HRS.
	COUNTRY) Massachusetts	7b. CITIZEN OF WHAT COUNTRY? USA	MARRIED NEVER MARRIED WIDOWED DIVORCED		OF DEATH MD.
10 CI	Annapolis	11. NAME OF HOSPITAL, NURSIN INFNOT INSUCH FACILITY, GIVE STREET Anne Arundel Get	IG HOME OR OTHER INSTITUTION	176 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Salesman	126 KIND OF BUSINESS OR
17am	STATE 1136 COUN	other institution, give residence before ITY Georges 136. CTY OF TOW Georges College		13° SIREEI ADDRESS / ZIP CODE 47II Berwyn Hou	se Rd. 740
FA	ATHER'S NAME Maurice	P. LAST R	yan Is MOTHER'S MAIDEN N	WIDDLE	Gavin
160 V	NAS DECEASED EVER IN U.S. ARI	E WAR OR DATES	ority NO. 17 INFORMANT 5 5322 Mary Core	1220 Pine Ave. der Edgewater, M	å. 21037
	PART I. DEATH WAS CAUSE	ly one couse per line for (0), (b), on D BY: E CAUSE (o)	Tive Heart	Failure	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which	DUE TO, OR AS A CONSEQUE	/1 000 11	Stare	Yrs .
١.	couse (b), stoting the underlying couse lost.	DUE TO, OR AS A CONSEQUE		lerosis	Yrs
NO	PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO I	DEATH BUT NOT RELATED TO THE TER	rminal disease or condition give	N IN PART 110
CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
	2)g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DA	AY YEAR	JRRED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT   OR PART 2)
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, F	211 LOCATION	CITY OR TOWN	COUNTY STATE
	saw the decrened of the on	XX overded the deceased from 19	, and that in (my) (our) apinio	n death occurred on the date and hour	9, that (I) (we) lost and from the couses stated
	274 SIGNATURE TO	M. Fwend		MEDICAL STAFF DIRECTOR PHYSICIAN	7/21/86
	305 Cp h	V. Friend	205 Reda		10/5 ml.
23a. B	BURIAL CREMATION, REMOVAL	25,1986 25	alvary Cemetery or Crematory	23d LOCATION Land, Ma	ine, state

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physici should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior ta burial, cremation, or removal.

OR ATTENDING

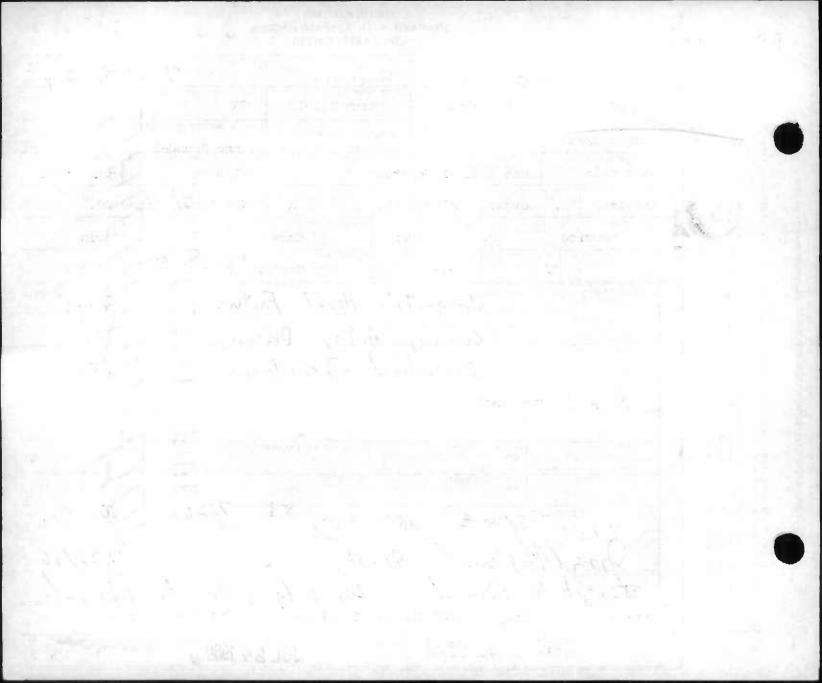
TO HOSPITAL

BP.

FOR

74 FUNERAL DIRECTOR Ives-Pearson Funeral Homes
Arlington, Va. 22201

JUL 24 1986



10	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1. DE	ECEASED NAME FIRST PE OR PRINT) Helen	I. Sau	umenig	July 10,1986	AY YEAR 26 HOUR
3 SE	Female	White	5. DATE OF BIRTH Feb. 18 1908 YEAR	6 AGE (IN YEARS LAST BIRTHDAY) 78	IF UNDER 1 YEAR IF UNDER 24 HRS.
7a B	BIRTHPLACE (STATE OR FOREIGN COUNTRY)  New York	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWEXXX DIVORCED	9 BALTIMORE CITY OR COUNTY	
	CITY OR TOWN OF DEATH Annapolis	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET 701 Glenwood S	NG HOME OR OTHER INSTITUTION ADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFT Housewife	126 KIND OF BUSINESS OR
13a.	Md. 13b COU	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 13% CITY OR TOW Annapoli	N 13d. INSIDE CITY LIMITS?  YES X NO	130.STREET ADDRESS / ZIP CODE 70 1 Glenwood S	nula 1
7	FATHER'S NAME David	Gordon Gordon	Olive	WIDDLE	Rock
160	WAS DECEASED EVER IN U.S. AR (YES NO OR UNKNOWN) (IF YES GI	VE WAR OR DATES)	-8796 Gordon Saum	enig 710 Latham Di	21032 r.Crownsville
njury, or other troumotic	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO	1 schemui hert	clencese  MINAL DISEASE OR CONDITION GIVI	Yeen.
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH?
MEDICAL CER	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTHEY MEDICAL EXAMINE 214 INJURY OCCURRED		19 211 LOCATION	RRED (ENTER NATURE OF INJURY IN ITEM IB P.	COUNTY STATE
~	saw the deceased alive or	that of the deceased from the deceased from the body offer death.	DEGREE	n death occurred on the date and hour	ond from the couses stated
h the State De	22d. PHYSICIAN'S NAME (TYPE OF	CHUNEL.	22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	7/11/80 VENTA PANY

7-14-86

T.A. Hardesty Annapolis, Md. 21401

DHMH - 16 60M 7/84 (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL

Burial

24 FUNERAL DIRECTOR

23c. NAME OF CEMETERY OR CREMATORY

Hillcrest

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

> Annapolis 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

23d LOCATION

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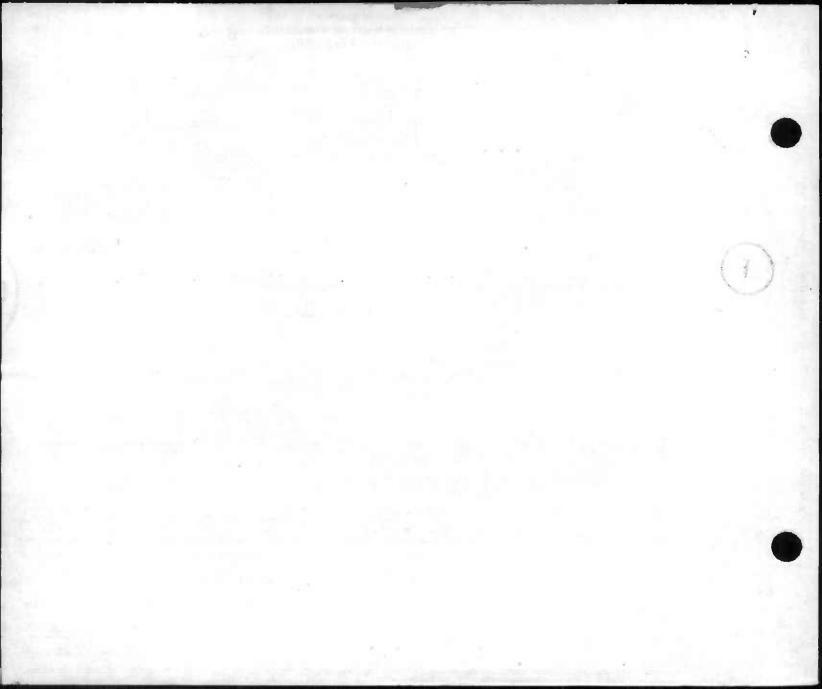
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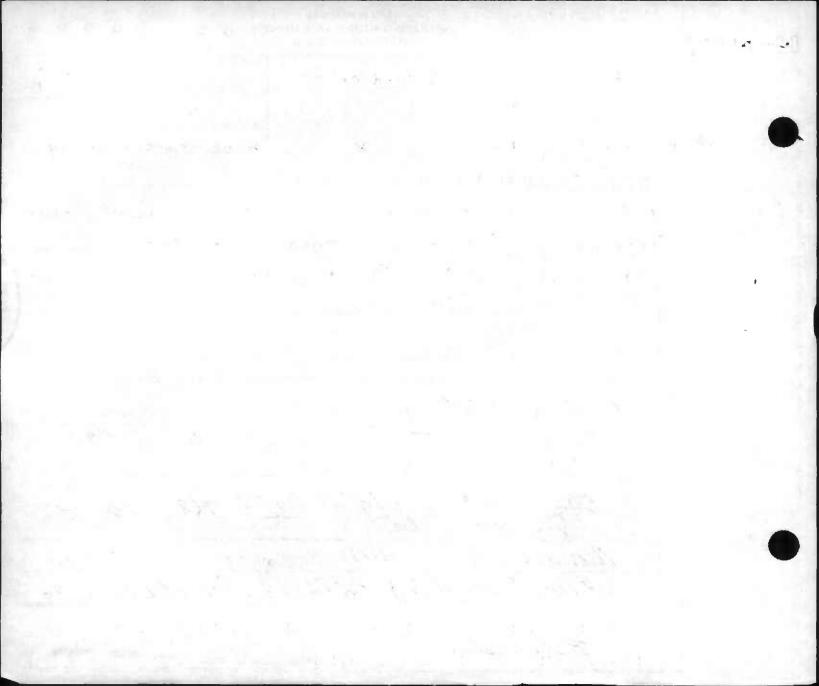
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2100	1.	FOR STATE REGISTRAR	DEPART	MENT OF H	E OF MARYLAN EALTH AND MI ICATE OF DE	ENTAL HYGI	IENE 8 5	18681
2400		CEASED NAME FIRST	WIDDLE	i	AST		20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
tor, page 3 ofter death	TYPE	JOHN	R.	S	AVILLE		7	13 86 4:30A M
moy er de	3 SE	X	4. RACE	5. DATE C	F BIRTH		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
director to urs off		Male	White	MONTH 7	26 DAY	1935	50 YR	MONTHS DATS HOURS MIN.
	7a. B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	D NEVER MA		9 BALTIMORE CITY OR COUN	
deom deom	N	ew Jersey	U.S.A.	WIDOWE	D DIVO	ORCED 🗌	Anne Arundel	County MD.
hours ofter dee	as	adena	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH EACILITY, GIVE STREET 1596 Marco Drive	ADDRESS)	R OTHER INSTIT	NOITUT	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN  Executive	126 KIND OF BUSINESS OR INDUSTRY  Social Security
filled in rould be	T30. S	STATE 136 COL	or other institution give residence before unty 13% CITY OR TOWN Pasade	/N	13d INSIDE CIT	Y LIMITS?	130.STREET ADDRESS / ZIP CO	ODE 21122 ive Pasadena, MD.
Tark Tark	14 FA	ATHER'S NAME	MIDDLE LAST		15 MOTHER'S	MAIDEN NAM		IAST
000		John	W. Savit			dget		0'Leary
medico		vas deceased ever in u.s. a ves no or unknown) (if u.s. VES	RMED FORCES? 166 SOCIAL SECULIA SECULI		Mrs. MC		Leary Same as	13e.
on the			only one couse per line for (a), (b), or SED BY:  ATE CAUSE (a)	iopul	nurery	Anest	r	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ottending nove corbc otton, or re		Conditions, if any, which						
d by the o leose remotiol, cremotion		gove rise to immediate couse (a) stating the underlying couse last	(0)	remo	7 0 7 11 /	e Enop	V	
en signe Then p or to bur injury.	NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	not related t	O THE TERMI	INAL DISEASE OR CONDITION	
on. hos ber t permit	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATIO	n was perfor	MED	200 AUTOPSY? 200 IF IN CEI	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO
YSICIAN: The ding physicio s certificate h buriol-tronsit Mentol Hygie	-	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D  LIF EITHER NOTIFY MEDICAL EXAMIN	EATH HOUR A.M. MONTH D	AY YEAR	21c HOW INJU	JRY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM	IB PART I OR PART 2)
G PHYS ottending er this ce s the burn ond Me	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE.		211 LOCATION	V	CITY OR TOWN	COUNTY STATE
TENDIN or or or of for use of for use of for use of		22a I certify that the this has	pital attended the deceased from 19 hot view the body after death.	May 86 B	27 od that in ( <del>my) (</del>	our)opinion d	eath occurred on the date and	hour and from the causes stated
by the hosp by the hosp ERAL DIREC re detoched State Dept ANT: If them		226 SIGNATURE	7/13/86					
TO HOSPITAL efound by the TO FUNERAL should be deto with the Stote MAPORTANT:		22d PHYSICIAN'S NAME CTYPE RODENT F15	her MA		220 ADDRESS	with 6		timine, 21201
BP		BURIAL, CREMATION, REMOVA (SPECIFY)  BURIAL	7/16/86 As	bury	emetery or cr Cemetery		Moorefield	West Virginia
DHMH - 16 60M 7/B4 (VRA 15, 4)	Le Le	uneral director 630 Editory M. & Russe	rondson Ave. Catorisvi Ll C. Witzke Füne	lle, Mo ral H	d. 21228 ome	250 PAIE	REC'D BY REGISTRAR 256, REC	



ge 3	TYPE OR PRINT)	Rose	P	nna	So	chindler	Ju
0 0	3. SEX		4. RACE		5. DATE C		6. AGE (IN YEARS LAST
	Fema	ale	Whit	e	Dece	mber 13, 1892	9
10	. BIRTHPLACE		76. CITIZEN OF	WHAT COUNTRY?	8	0	9 BALTIMORE CIT
5	Mary	land	USA	1	WIDOWE	D NEVER MARRIED DIVORCED	Anno 6
A TI	O CITY OR TOWN	OF DEATH			G HOME C	OR OTHER INSTITUTION	12a USUAL OCCUP
)		na Park	meril		ursing	center S.P.	None None
· V	USUAL RESIDENC	E (IF NURSING HOME	OR OTHER INSTITUTION	GIVE RESIDENCE BEFOR	E ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRES
1	Maryla		A Co.	Pasad-		YES NO K	422 RIV
14	4 FATHER'S NAM	\E	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	
1	Frede	rick		Steinmet	z	Anna	Gr
10	60 WAS DECEAS	ED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMANT (S	Son) ADI
/ _	NO	N/		218.12.	4097 .	Howard W. So	chindler
on mlory, or omer upomo	gove rise cause (a underlying	cause last.	(b)_ DUE TO, O (c)_ CONDITIONS C	exit h	DEATH BUT	NOT RELATED TO THE TERM  Dementia  N WAS PERFORMED	20a AUTOPSY?
1	21a ACCIDEN	T WAS UNDERLYING)	21b TIME C	DE INTURY		21c. HOW INJURY OCCUR	YES NO
	00.000,000,000	TING CHUSE DEED	EATH HOUR A	M. MONTH D.	AY, YEAR	9 (5	
	9	OCCURRED	21e PLACE	OF INJURY	5 1986	211 LOCATION	
	WHILE AL WORK	NOT ASSE		reet sactory office in a Home	ARM, ETC )	STREET  Monidian Nume	city of
		that (I) this hos	_		3/	Meridian Nuss	and Center
1	saw th	e deceosed alive o	6/	25 19	16 ar	nd that in (my) (aur) apinion	death occurred an th
4	22b. SIGNA		n Wal	ble	N	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR PH
Z	22d. PHYSIC	THOMA		USH 1	111	180 Ritchie	they Seven
IMPORT 2	(SPECIFY)	NATION, REMOVA				EMETERY OR CREMATORY	23d LOCATION
- 1	Bı	ırial	July 1	1.1986 Ba	altimo	re National C	em. Balti

N-0 - 1-1012	I tems	am., 5/28/8	le,21f, G- 7, Gbj.		TMENT OF I	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	SIENE 8	ô	18	5 8 2
7 1 1 2 4 7	1. DECEASED NA			MIDDLE		AST	2a DATE OF	REG. NO.	DAY YEAR	2b. HOUR
÷ 3	(TYPE OR PRINT)	Rose				chindler	20 DATE OF	July		1.50
oy be	3. SEX	Rose	4. RACE	Anna	5. DATE O		A AGE UNIV	EARS LAST BIRTHDAY)	8, 1986	30///
Per B	Fem	. ) .	Whit	. 0		ember 13, 1892	a. AGL (IN I	93	MONTHS DATS	HOURS MIN.
11000		I STATE OR FOREIGN		WHAT COUNTR	Y? 8		9 BALTIMO	RE CITY OR COL	INTY OF DEATH	
· 京京 了	COUNTRY)	land	USA		MARRIE	D NEVER MARRIED	I A	4		
	10 CITY OR TOW				WIDOW	DIVORCED DIVORCED		e Arur OCCUPATION	10 L L	OF BUSINESS OR
1 11760	Sever	na Park		CH FACILITY, GIVE STRE	EET ADDRESS)			FOR MOST OF WORK		Y
120	USUAL RESIDENCE	CE (IF NURSING HOME	OR OTHER INSTITUTION	GIVE RESIDENCE BEF	ORE ADMISSION)	y center S.P.				
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed that the certificate has been signed by the ottending physician and come entitle not she buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 million than Amental Hygiene prior to buriol, cremation, or removal.	Maryl	and A	A Co.	Pasac		13d INSIDE CITY LIMITS? YES NO K		DDRESS / ZIP		2000
A LX & L	14 FATHER'S NA				14 has	15 MOTHER'S MAIDEN NA		Riversi	de DR	21122
JORO D	Frede	ander H	MIDDLE	Steinme	t 7	Anna	(	Frade		AST
SE SO	160 WAS DECEAS	SED EVER IN U.S. A		16b SOCIAL SE			Son)	ADDRESS		
MORE,	(YES, NO OR UNK	NOWN) (IF YES, G	'A	218.12	.4097	Howard W. So	# · · · · · · · · · · · · · · · · · · ·	r Same	As 13	2
ALTII		OF DEATH (Enter of								OXIMATE INTERVAL N ONSET AND DEATH
phys npop movent,	PART I.	DEATH WAS CAUS	SED BY: ATE CAUSE (a)	Dur		ema			BETWEET	TONGET AND DEATH
N S Incertification	8	3 7 IMMEDI		R AS A CONSEC		700				
STO leoth ttend ve co ion, i	Condition	s, if ony, which	( (b)_	IK AS A COINSEG	VOENCE OF					
he o he o emp empt mot	gove rise	to immediate	) -	R AS A CONSEC	VIENCE OF					
by the other other	underlying		(c)	A A CONSEC	OLIVEL OF					
gned n ple	PART 2 O	HER SIGNIFICANT	CONDITIONSC	ONTRIBUTING TO	O DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASI	OR CONDITION	GIVEN IN PART 1	la .
RDS equi	o y	ractu	red 1	edet h	up.	Dementia				
ev ow	TIG ACCIDE	F OPERATION	19t COND	N FOR WHIC	CH OPERATIO	N WAS PERFORMED	20a AUTC		F YES, WERE FIND ERTIFYING CAUSE	
TALR I The I cian. The loss is to peeple giene	RTIF			-			YES 🗌	ио 🔀	YES 🗌 🖊	NO 🗆
AN. hysic ficon fron fron fron fron fron s s s	00.00	ITING TO CHIST NED		OF INJURY .M. MONTH	DAY, YEAR	21c. HOW INJURY OCCUR	RED (ENTER NA	TURE OF INJURY IN ITE	M IS PART I OR PART 2)	
SICIAL By Certiful Friol-tr	(IF EITHER I	UTING CHUSE SEA	ER) P	.м. 6	15 198		(MOD: Ac	cident)		
PHY endi	21d INJURY	OCCURRED		OF INJURY	E FARM, ETC )	211 LOCATION STREET		CITY OR TOWN	ounty, Mar	STATE
DIV IN O T O ST IT O ST T O ST	AT WORK	AT WORK		ing Home	2/	Meridian Nus	ing Cent	2/9	ourity, Mar	ryland
PEND ON SE		y that (1) this hos				nd that in (my) (aur) apinion	ta	1/0	19 00	that (I) (we) last
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DIRECTOR A DEPT	228. SIGNA	Thomas	es (Mil	1	1	ATTENDING PHYSICIAN	MEDICAL	STAFF	7	E SIGNED
ITAL O THE CONTRACT OF THE CON	224 PHVC10	CIAN'S NAME (TYPE	00.00000			PHYSICIAN 222e. ADDRESS	DIRECTOR	PHYSICIAN [		100
O HOSPITAL etonned by the TO FUNERAL I should be deto with the Store	226. FH1310	THOMA	SWA	USH,	MS	180 Ritchie	they S	everna ko	k ml.	21146
0 m	23a BURIAL, CRE	MATION, REMOVA	L 23b. DATE	23	. NAME OF	EMETERY OR CREMATORY	23d LOCA	TION	COUNTY	STATE
BP		urial	July 1	1,1986 E	Baltimo	re National C	em. Ba	ltimore	City	Md
DHMH - 16 60M 7/B4	24 FUNERAL DIR	ECTOR 8	7.24.	Leinpores		2222	E REC'D. BY R	EGISTRAR 25b. RE	GISTRAR'S SIGNA	TURE
(VRA 15, 4)	Singlet	on Funera	1 Home	Glen B	urnie,	Maryland WUL	10 1/	Spo Juna	Davidson-N	



2459	1 - STATE REGISTRAN		OF HEALTH AND MENTAL HY RTIFICATE OF DEATH	GIENE 3 5	EDT
	I. DECEASED NAME 1951	ARDRE	LAST	THE DATE OF DEATH MONTH	DAT YEAR 28 HOUR
7.5	WILLIAM	n s	CHRENK	JULY	13, 1986 1 55 PM
0 0	3. SEX		ATE OF BIRTH	6 AGE (PUTPARE LAST BRITADAY)	# LINDER I YEAR  # LINDER ZA NES
9	quele	while	9 22 17	68 vi	MONTHS SAYS HOURS AND
i work	Se SIRPPEACE THAT DEPORTOR OF	76. CITIZEN OF WHAT COUNTRY? &	RRIED DO NEVER MARRIED	9 BALTIMORE CITY OF COLL	Control of the Contro
200	Maryland	TI SZ A	OWED DIVORCED		DEL COUNTY MO.
1 17	TE CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HO		12s. USUAL OCCUPATION	HOLEN INDUSTRY LOCAL 43
27	GLEN BURNIE	NORTH ARUNDEL H	DSPITAL	Welder	Construction
and the	Maryland	A.A. Linthicum	134. INSIDE CITY LIMITS? YES , NO XX	835 White Ave	one enue 21090
200	M'NATHER'S NAME	MEDIUS 1451	15. MOTHER'S MAIDEN NO	AME	7/201
124	John	C. Schrenk	Ann	-	Schoeffield
X	HE WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SECURITY I		ADDRESS	
) /	Yes MODELINENCIWHI	WW II 215-05-6112	Florence 1	H. Schrenk San	me as 13e
15 f	II CAUSE OF DEATH Enter	only operation perline for rot, ibs and ics	00	/	SETWEEN CHOSET AND DEATH
000		LATE CAUSE Of Cleaner	- rouelis	Meenua.	
10.04		DUE TO, OR AS, CONSEQUENCE	- //	20	1000
2 6 5	Conditions, if any, which	1 De Cocces		le leraja	
10 to	gove rise to immediate	) 7	10/	3 /	
8 5 to	underlying couse last	DUBTO, ON AS ACONSEQUENCE	ruelador	Q V	
0.0	PART O CITHER SIGNIFICAN	T CONDITIONS CONTRIBUTING TO BEASE	BUT NOT BELATED TO THE BE	MINIATOREASE OR CONDITION	Andrew wall in the
to the		Chill all	02-8	Harrings	finell love
17	THE DATE OF OPERATION	11% CONDITION FOR WHICH OPEN	ACION WAS PERFORMED		YES, WERE FINDINGS USED
11 17	94	/	/		PRESIDENCE CAUSES OF DEATHS
102	The ACCIDENT WAS UNDERLYING	T 716 TIME OF INJURY	121/ HOW INJURGOCCU	RRED (ANTER WATER OF MAJES IN VI)	head
2 E	THE CONTRIBUTION TO THE PARTY OF	DEATH HOUR A.M. MONTH DAY	EAR	The state of the s	11.111.151.151.11
0 1 2	UN EUTHER, HOUSEY MCDICAL EXAMINATION OF THE INJURY OCCURRED	P.M. 21st PLACE OF INJURY	7H. LOCATION		
129	W DE NOORT OCCURED	IAT HOME STREET, FACTORY, OFFICE, FARM, E		CIT OR TOWN	COUNTY STATE
5 ± 5	NOT WHILE AT WORK		+//	1 19/12	CA
\$ <del>2</del> <del>2</del> <del>2</del>	The Age of the State of the Sta	spital) attended the decepted from	1/8 1001	e 10 //0	10 0 (hot (li (we) fast
22.5	saw the deceased alive above, (I) (we) (did) (did	not when the body offer seath.	and that in (my) (our) opinior	n death accurred for the date and	hour and from the couses stated
100	JIL-SIGNATURE	1511 //	DEGREE	/ /	221 DATE SIGNED
1 1 1 1		Hut the	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	7/13/06
of TANT.	THE PHYSICIAN'S NAME IN	a cardinal	224. ADDRESS	OS COATM DECEM	void
ould be 5to 1800 PORTANT	ANIAMPAGEG	P. CUPONS	200 TOUR WALL	06 CRAIN HIGHWA	
453	ANASTACTO 73e. BURIAL, CREMATION, REMOV.	E SUPONG, M.T.	OF CEMETERY OR CREMATORY	RNIE MARYLAND	21061
11.5	Burial		wridge Mem Park		Howard Md
	24 FUNERAL DIRECTOR	JAM STATES AND AND AND ADDRESS OF THE PARTY	Tet Co.	TE RECID. BY REGISTRARITSWIRE	
60M 7/84	George J. Gonce	4001 Ritchie, Hgwy	Balto Md	1 1 5 1986	THE STREET, MANAGEMENT
15, 4)	On or dollar		100	So A	

STATE OF MARYLAND

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	1-	FOR STATE REGISTRAR				EALTH AND MENT CATE OF DEAT		IENE 8 6	0.	0 0	0 4
		CEASED NAME FIRST OR PRINT)		MIDDLE	5	eitz		2a DATE OF DEATH	MONTH DA	5-86	26 HOUR A
	1.50		1. RACE Whit	te	S. DATE O	DAY Y	EAR O	6 AGE (IN YEARS LAST BIT		FUNDER TYEAR	IF UNDER 24 HRS HOURS MIN.
5	MA	RTHPLACE (STATE OR FOREIGN	U.S.		WIDOWE		ED 🗍	9 BALTIMORE CITY OF ANNE ARU	NDEL	1	M
0		LEN BURNIE	NORTH	ARUNDEL				TELEPHON	OF WORKING LIFE)  E OPR	INDUSTRY TEL	CO.
5	13a. S	AL RESIDENCE (# NURSING HOMESTATE 13b, CC		GIVE RESIDENCE BEFORE A 13c. CITY OR TOWN SEVERNA		13d. INSIDE CITY LI		BOCKI	NGHAM	COVE	146 RD.
0	100	THER'S NAME FIRST	WIDDLE	SEITZ		BARBARIST		WIDDIE		ERNER	Ţ
1		VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES	ARMED FORCES?	212-05-1		Warren	Hov	is (Same		3)	
		Canditians, if any, which gave rise ta immediate cause Ial, stating the underlying cause last.	DIATE CAUSE (a)  DUE TO, O  (b)  DUE TO, O	R AS A CONSEQUEN	Res ICE OF	pina Xo	, he	faily (cu	len duy		IMATE INTERVAL ONSET AND DEATH
	NO	PART 2 OTHER SIGNIFICAN	T CONDITIONS C	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO T	HE TERMI	INAL DISEASE OR COM	IDITION GIVE	N IN PART 1	o l
7	CERTIFICATION	9a, DATE OF OPERATION	196 COND	ITION FOR WHICH O	PERATIO	N WAS PERFORME	D	200 AUTOPSY?		WERE FINDING CAUSES	
7	107.00	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A	FINJURY .M. MONTH DAY .M.	YEAR	21c. HOW INJURY	OCCURR	RED (ENTER NATURE OF INJ	JRY IN ITEM 18 PAR	RTTORPART2)	
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, FAR	RM, ETC )	211 LOCATION STREET		CITY OR TO	OWN	COUNTY	STATE
		22a.l certify that (I) (this his saw the deceased alive above, (I) (we) (did) (did	an	1926			apinian c	, tadeath accurred an the c			that (I) (we) la causes stated
		226 SIGNATURE	rial) view the bady	Lu	w		DING _	MEDICAL STA	AFF CIAN []	22c. DATE	SIGNED - 15.86

22e ADDRESS 518

23c. NAME OF CEMETERY OR CREMATORY
Westview Crematory

STATE OF MARYLAND

DHMH - 16 50M 4/83 (VRA 15, 4)

CREMATTON
24 FUNERAL DIRECTOR BARRANCO SEVERNA PARK, MD 21146

236. DATE

6-16-86

23a. BURIAL, CREMATION, REMOVAL (SPEC#Y)

Baito.

ST MD

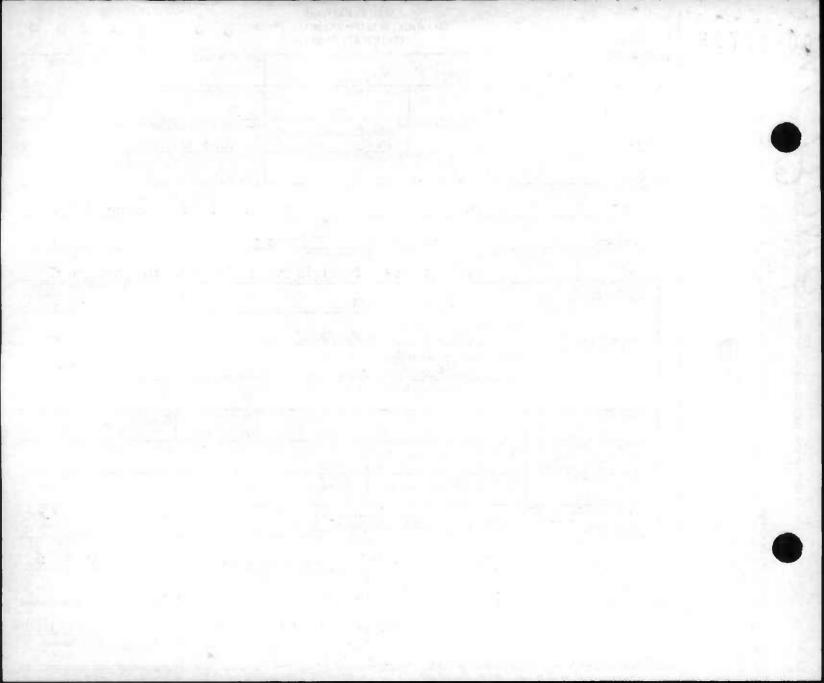
ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

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0-1	278	3	1 -	STATE REGISTRAR			DEF		ICATE OF		REG. 1	NO.	0 0	0 0
				CEASED NAME	FIRST		MIDDLE		LAST		20. DATE OF DEATH	MONTH D	AY YEAR	2h HOUR
p e			TITPE	S S	OPHIA		MARY	SHA	FFER			7 16	86	9:15A. M
A OE	D .	- 3	3. SE	(	4	RACE		5. DATE			6 AGE (IN YEARS LAST B		IF UNDER I YEAR	IF UNDER 24 HRS
9	ector.			Female		Whi	te	1.0		2.2	63	YRS.	ONTHS DAYS	HOURS MIN.
a a	hou	ing ,	Ja. BI	RTHPLACE (STATE OR FOR	REIGN 7b.	CITIZEN OF	WHAT COUN	TRY? 8	- 🗆 NEVER		9 BALTIMORE CITY		OF DEATH	
e to	n 72	55		aryland		U.S.	Α.	WIDOW		MARRIED	Anne A	rundel		MD.
4	, D E	Della	10 CI	TY OR TOWN OF DEAT		, NAME OF	HOSPITAL, NU	JRSING HOME			120 USUAL OCCUPA	TION	126. KIND O	F BUSINESS OR
5000	by filed	6/6		aurel				Avenue			Homemaker			
MARYLAND 2120	filled in		13a. S	TATE IT YELDENCE (IF NURSING TATE	S HOME OR OTH		13t. CITY OR	TOWN	13d INSIDE	CITY LIMITS?	317 Old L	ZIP CODE	enue 2	0707
YLA	2 sh	100		THER'S NAME					15 MOTHER	S MAIDEN NAM	4E	LIK HVC		
A P	a plant	524		Hunter	MID	DIE	Rot	oinson		Elizabe	rh MIDDLE		LAS	Burl
# IA.B	1 co	0		AS DECEASED EVER IN				SECURITY NO.	17. INFORM		ADDI	RESS		But 1
OW III	Pog.	medico	(,	ES, NO OR UNKNOWN)  NO	JIF YES, GIVE W	AR OR DATES)	215-2	2-7492	Patri	cia Pun	ko 317 01	d Line	Ave. 2	20707
BAU	N EL U	, he		18 CAUSE OF DEATH	Enter only	one couse per	line for (g), (b	i, and icut	20				APPROX.	MATE INTERVAL ONSET AND DEATH
T. if	phy on po emov	6		PART I. DEATH WA:	S CAUSED B AMEDIATE (		Depe	rtu Fa	elene				/	2000.
NO P	ding	OTIC					RASACONS	EQUENCE OF	0					
EST(	otten ove tion,	50		Conditions, if ony,		(b)_	Hena	tu 7	relate	eus ?			1	8 mo
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	by the o	other fr		gove rise to imme couse (o), stating underlying couse		DUE TO, O	RAS A CONS	/ /	eli				d	TYRS.
05, 201		injury, or	Z	PART 2. OTHER SIGNI	FICANT COI	NDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATE	D TO THE TERM	NAL DISEASE OR CO	NDITION GIVE	N IN PART 110	
COR	e +	à du à	CERTIFICATION	19a DATE OF OPERATION	ON	19b. COND	ITION FOR WI	HICH OPERATIO	N WAS PERF	ORMED	20a AUTOPSY?	20b. IF YES	WERE FINDIN	4GS USED
# o	hos b perm perm	5 7	LIFIC								YES T NOT		ING CAUSES	OF DEATH?
ATI Z	ysicic icote ronsit Hygii	S S	CE	21a. ACCIDENT WAS UNDER	ILYING	21b. TIME O			21c. HOW II	NJURY OCCURR	ED (ENTER NATURE OF IN			
OF CIAL	d + 10	He G		OR CONTRIBUTING CAL		HOUR A.		DAY YEAR						
O N	ding buri	- Lo	MEDICAL	21d. INJURY OCCURRE		21e PLACE	OF INJURY		211 LOCAT	ION			COUNTY	STATE
IVISI P	ottending ter this cer s the burio	orked	¥	WHILE NOT WHILE		(AT HOME ST	REET, FACTORY, OF	FICE, FARM ETC )	STREE	1	CITY OR 1	OWN	COUNTY	STATE
2 2	or Se o	8		22a.l certify that (1)(t	his hospital)	attended th	e deceosed fr	om	-	. 19 8 Y	2, to 7/	16	986	that (I) (we) lost
THE SECOND SECON	for to	7		sow the deceased obove, (I) (we) (Idio	alive on	iew the hody	ofter death	19.86,0	nd that in my	( opinion d	eoth occurred on the	date and hour	ond from the	couses stated
W &	hospin IRECTC hed for ept. of	363		226. SIGNATURE	njala lian v	//	oner deom.	7.	DEGREE		-		22c DATE	SIGNED
TAL O	by the ERAL D e detoc Stote D			Wm (	0	alex	uto	nn	7		MEDICAL ST.	AFF ICIAN []	7/	17/86
SPI	should be defined by t	X I		220. PHYSICIAN'S NAM	E TYPE OR PR	(INT)	11	2. 11	22e ADDRE	SS				
i o	TO FUNE should be with the S	2		Wn.C	Vate	still	a /	no-	St. A	gnes Ho	sp., Oncol	ogy Dep	ot.	
j	2 2 2	= "	23a. E	URIAL, CREMATION, RE	JAVOM	23b DATE		23c. NAME OF			23d LOCATION		COUNTY	STATE
	BP	-		Burial		7/19/	86	Loudon	park (	emetery	Baltimor		N	Maryland
DH	IMH - 16 60M 7	7/84	24 FL	INERAL DIRECTOR			ADDR	ESS	21229	25a. DATE	REC'D. BY REGISTRA	R 25b. REGISTR	AR'S SIGNAT	URFoles
	(VRA 15, 4)		H	ubbard Fune	ral Ho	ome, I	nc. 410	7 Wilke	ens Ave	. 10	L 1 8 1986	6/		,



63 22 ini. elforota actification con mill F. February 111 c. Met. 107 ... 6... V.T.Z.3 577-95-16\_h Sugun L. Shergy 1919 emple [5116 md; 16. winl /:6/4 waite to condition

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00-11962	' '	REGISTRAR		CERTIFICATE OF DEATH	REG. N	0
00 11302		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR
be 3 eoth	{146	Mari	+ Edna S	regmann	Ju	Ju 8 1986 8:176
moy poor	3 SE	X 4.	RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	MONTHS DATE HOURS ME
ge 4	F	emale.	(1) hite.	Oct. 29. 189	2 93	YRS MONTHS DATS HOURS ME
Page Page 9	7a B	RTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	18	9 BALTIMORE CITY	OR COUNTY OF DEATH
nero na 72	N	ew York	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	( )	Arundel
the fur divisition	10 C	ITY OR TOWN OF DEATH	I. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION		ION 126 KIND OF BUSINESS ( DF WORKING LIFE) INDUSTRY
201 rs of by the	C	rownsville	Fairtield	Nursing (ent	er Homama	12 - 1
21.		AL RESIDENCE (# NURSING HOME OR OT STATE 136 COUNT)			TS? 13e.STREET ADDRESS	/ ZIP CODE , 21032
LAND Jy filled should		MD HA	. Crownsr.	Ne YES NO	1454 Fai	rtield Loop Rd.
	14. E/	ATHER'S NAME FIRST MILE	DDLE LAST	15 MOTHER'S MAIDE	NNAME	LASI
MARY bondlete		Villiam	Kimbal	lank	nown)	Rogers
ORE,	16a V		ED FORCES? 166 SOCIAL SECU	RITY NO. , 17 INFORMANT	ADDA	Sowhitehall Plains
BALTIMOR		NO -	- 063-52-	M49 Shirley	Weseloh-Ar	mapolis MD21461
Tr., BAL		18. CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED	one cause per line for 1970 b), one	dien	121	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
ST.,		IMMEDIATE		money		1 weak
ON the confine of the			DUE TO, OR AS A CONSEQUE	NCE OF	11	
dept dept offer offer offer, troum		Canditions, if any, which gave rise to immediate	(b) has	sition of ol	dage	
W. PRESTON  of the death c.  by the ottendin  se remove cont.	1	couse (o), stoting the underlying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF	1	
es thored by please urial, c, or of		underlying coose idsi.	(c)			
	z	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CON	IDITION GIVEN IN PART 110
ORI ree ny in	A I	19a DATE OF OPERATION	1196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE FINDINGS USED
DIVISION OF VITAL RECORDS,  NG PHYSICIAN: The low requir outending physician.  The this certificate has been sign of she burial-transit permit. Then th and Mental Hygiene prior to be orked or teem 18 shows any injury	CERTIFICATION	THE DATE OF GLERATION		OTENATION WASTERI ORNED		IN CERTIFYING CAUSES OF DEATH?
ON OF VITAL RI TYSICIAN. The k ding physician. Sertificate hos burial-transit per Mental Hygiene or frem 18 shows	ER	21a, ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OF	YES NO NO COURRED (ENTER NATURE OF INJU	YES NO
d OF VITA  Grant Trightness  entol Hygis  litem 18 sh		OR CONTRIBUTING CAUSE OF DEATH		AY YEAR	, , , , , , , , , , , , , , , , , , , ,	
NYSICIA ding p s certif buriol-i Mento	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19 211 LOCATION		
VISIO Then the the the ond	¥	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE F	ARM ETC ) STREET	CITY OR TO	OWN COUNTY STATE
DIN or		22a.l certify that (I) (this haspital	) attended the deceased from		10	, 19, that (l) (we) l
TOR. or us		saw the deceased alive an_	19			ate and haur and from the couses stated
OR AID DIREC Dept them		22b. SIGNATURE	view the body after death.	DEGREE		22c. DATE SIGNED
. £ . 9 . 2		(0/1 de 1/1	Vi danie	ATTENDI PHYSICI		
HOSPITAL Ined by th FUNERAL Uid be dero ORTANT: I	1	22d. PHYSICIAN'S NAME (TYPE OR P	RINT	22e ADDRESS	AT BOMECION BITTON	10000110
O HOSPITAL  O HOSPITAL  TO FUNERAL  should be det  with the Store		Charles	1 Kinzer	milminna	11 Avenus	Annagolic mi
of of set of Miles	23 a.	BURIAL, CREMATION, REMOVAL	23b. DATE 23c. N	AME OF CEMETERY OR CREMAT	ORV 23d LOCATION	The state of the s

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

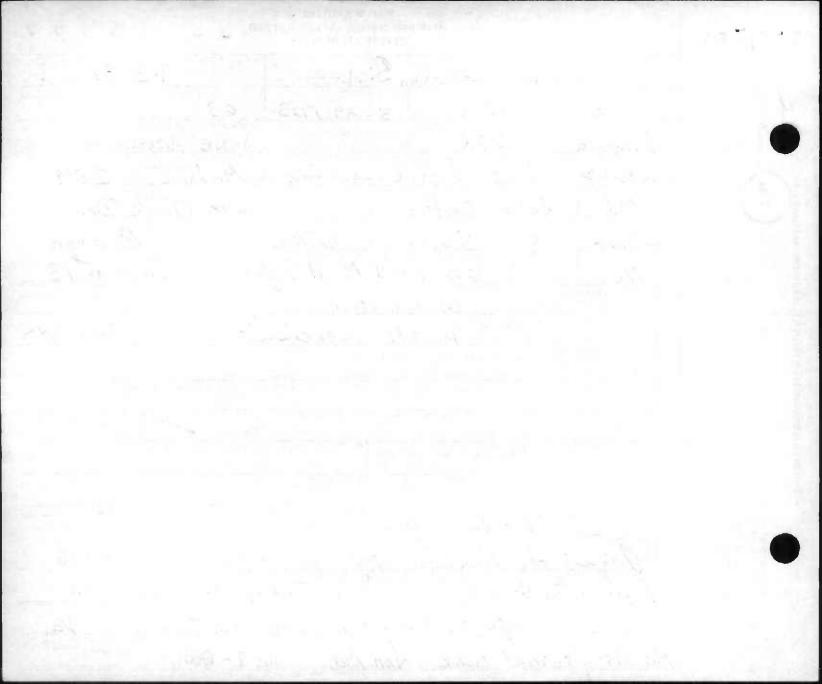
126 KIND OF BUSINESS OR

\_\_\_\_\_, 19\_\_\_\_\_\_, that (I) (we) lost

DHMH - 16 60M 7/84 (VRA 15, 4)

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	1	STATE OF MARYLAND
0-11454	1	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH
oy be agge 3		CEASED NAME FIRST MIDDLE LORAIN Leriathian SIGLER 20. DATE OF DEATH MONTH DAY YEAR 3 12 HOUR 3 12 M
ector, p	3 S	Male White 3-29-1923 63 YRS. MONTHS DATS HOURS MIN.
death. Pag	5	RTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? & MARRIED   NEVER MARRIED   PARTIMORE CITY OR COUNTY OF DEATH WIDOWED   DIVORCED   ANNE ARUNDE MD.
201 The fer mortified	SIA	ITY OR TOWN OF DEATH  IN AME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  ITY OR TOWN OF DEATH  ITY OR TOWN
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE. MARYLAND 2120 ING PHYSICIAN: The law requires that the death centificate be executed with 122 cattending physician.  When this certificate has been signed by the attending physician and complete tribute as the burial-transit permit. Then please remove carban papers. Pages 1 and 9 with and Mental Hygiene prior to burial, cremation, or removal.  In and Mental Bygiene prior to burial, cremation, or removal.	130	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  THATE  Md. 136 COUNTY CO 100 100 110 110 110 110 110 110 110 11
mary Led wir	)	Ther's NAME  Sigher   15. MOTHER'S MAIDEN NAME   Bowman
be execu	16a	VAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT, SIGNEY SOCIAL SECURITY NO. 17. INFO
ST., BALT inificate by physicia on papers. emaval. event, the		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
death ce		Conditions, if any, which gave rise to immediate  Due to, OR AS A CONSEQUENCE OF  PROSTATE  ARCHIO
that the d by the lease remial, cremis		cause (al., stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF
or to buri	TION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a
TAL RECOR	CERTIFICATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED  200. AUTOPSY?  200. IF YES, WERE FINDINGS USED  WES NO YES NO NO
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ATTEND spital a CTOR: for use of Hea		22e.1 certify that (1) (this hopeful) attended the deceased fram 100, 19 7, ta 5, 19 6, that (1) (wa) last sow the deceased above, (1) (wa) (did nat) view the body after death.
T C C C C C C C C C C C C C C C C C C C	,	226. DEGREE DEGREE MD ATTENDING MEDICAL STAFF PHYSICIAN TO DIRECTOR PHYSICIAN TO THE SIGNED 7-3-86
O HOSPITA etained by 1 TO FUNERA should be 5to to		Rtymond G. Herzinger 706 Giddings Are -Annyodis, MD
BP		BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 23d LOCATION SITURIOUS COUNTY Lacks on COUNTY Lacks on Location County Lacks on Lack
DHMH - 16 60M 7/84 (VRA 15, 4)	1	UNERAL DIRECTOR  Juneral Home ADDRESS Inn Md 1111 7 - 1986 Julia Davidson-Pendal



## STATE OF MARYLAND

CERTIFICATE OF DEATH	B RE. NO.	186	7 4
Sims LAST	20 DATE OF DEATH MONTH	1 8C	26 HOUR 1
5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	# UNDER 1 YEAR	IF UNDER 24 HRS

BLACK BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? U.S.A.

MARRIED NEVER MARRIED WIDOWEDXX

ANNE ARUNDEL COUNTY 12ª USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFET

BALTIMORE CITY OR COUNTY OF DEATH

176 KIND OF BUSINESS OR INDUSTRY

ANNAPOLIS SUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI MARYLAND 136 COUNTY

CITY OR TOWN OF DEATH

- STATE REGISTRAR DECEASED NAME TYPE OR PRINT

ANN APOLIS

LAST

(IF NOT IN SUCH FACILITY GIVE STREET ADDRESS)

13d INSIDE CITY LIMITS?

705 F. Newtown Drive 15. MOTHER'S MAIDEN NAME MIDDLE

LAST

JONES

FATHER'S NAME FIRST THOMAS

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

SIMS 166 SOCIAL SECURITY NO 216-14-5782

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

ANNE ARUNDET, GENERAL HOSPITAL

LENA 17 INFORMANT

Annapolis, Md.

705 Newtown Drive Apt. ANNA SIMS APPROXIMATE INTERVAL

200 AUTOPSY?

NOF

CITY OF TOWN

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)

MIDDLE

A.A.

4 RACE

DUE TO, OR AS A CONSEQUENCE OF

DUE TO OR AS A CONSEQUENCE OF

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160

198 DATE OF OPERATION 71g. ACCIDENT WAS UNDERLYING

Conditions, if any, which gove rise to immediate cause (a), stoting the

underlying cause last.

716 TIME OF INJURY HOUR A.M. MONTH DAY YEAR

(AT HOME STREET FACTORY, OFFICE FARM, ETC.)

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2

IN CERTIFYING CAUSES OF DEATH?

70b. IF YES, WERE FINDINGS USED

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21a PLACE OF INJURY

211 LOCATION

NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased fram

COUNTY

sow the decayled alive on.

DEGREE ATTENDING PHYSICIAN T

22e ADDRESS

STAFF DIRECTOR PHYSICIAN

and that in (my) (aur) apinian death accurred an the date and hour and from the causes stated

22c. DATE SIGNE

230 BURIAL CREMATION, REMOVAL

chuar

23c NAME OF CEMETERY OR CREMATORY MARYIAND VETERANS

23d LOCATION CITY OR TOWN

STATE

9 4

DHMH - 16 60M 7/84 (VRA 15, 4)

BURIAL 24 FUNERAL DIRECTOR

Annapolis, Md. 21401

WILLIAM REFSE & SONS MORTHARY

Gramevill

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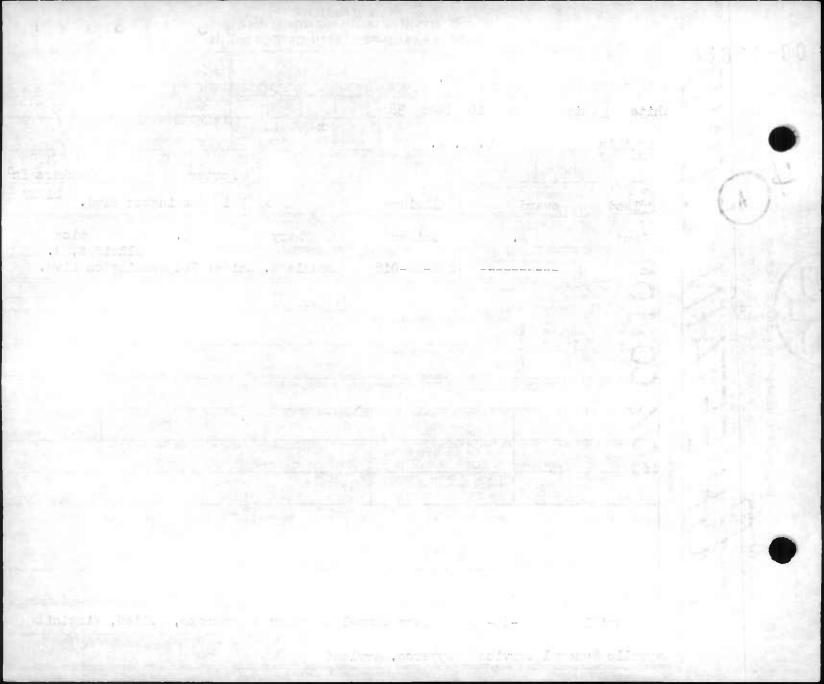
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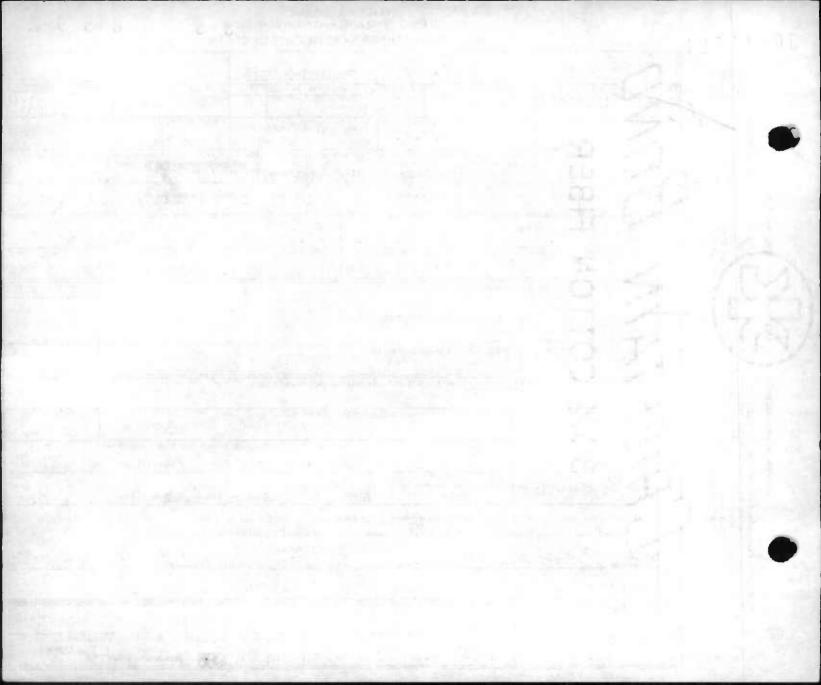
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		deoth.	uneroll 72
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLLIND 21201	9	HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. ined by the haspital or attending physician.	FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral wild be detached for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 sharfd be filled with 72 the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.
IIMORE, MA	)	pe executed	on ond comple. Poges 1 and
ON ST., BAL		oth certificate	ending physicis corbon poperi o, or removal.
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1	FOR - STATE REGISTRAR	DEPARTM	STATE OF MARYLAND ENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO.	1 8 5 9 A
	ECEASED NAME FIRST PE OR PRINT)	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR A.
	EMMA		STEEL	JULY 22, 19	**1
3. S	EX	4 RACE	5. DATE OF BIRTH  MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS
	Temale	White	10 27 1896	89 YRS	
7a.	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	ANNE ARUNDEL	
10	GLEN BURNIE	(IF NOT IN SUCH FACILITY, GIVE STREET A	S HOME OR OTHER INSTITUTION DDRESSI DEL HOSPITAL	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126 KIND OF BUSINESS OR INDUSTRY
130	JAL RESIDENCE (IF NURSING HOME OF STATE 136 COUL	NOTINER INSTITUTION, GIVE RESIDENCE BEFORE AND ARUNDAL PASAD	13d INSIDE CITY LIMITS?	600 Lakesho	DE Pasadena, Md re Dr. #2112
	FIRST	MIDDLF LAST	FIRST	WIDDLE	Gottleid
16a	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	600		Pasadena, #21122 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUEN  (b)  DUE TO, OR AS A CONSEQUEN  (c)  CONDITIONS CONTRIBUTING TO DI		ainal disease or condition c	SIVEN IN PART 110
CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH O	DPERATION WAS PERFORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
-40	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	AID	Y YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM )	8 PART I OR PART ?}
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	RM, ETC.)	CITY OR TOWN	COUNTY STATE
	saw the deceased alive or	ital) attended the deceased from 1986	, ond that in (my) (our) apinion	deoth occurred on the date and h	our and from the causes stated
7	224 PHYSICIAN'S NAME (TYPE	1	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN AQUAHART ROAD	7-22-88
/	SANG C. DO		GLE	N BURNIE, MARYL	AND 21061
230	BURIAL, CREMATION, REMOVAL		AME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY Ohio
24,	Burial FUNERAL DIRECTOR Schwa	17-24-86 Hi ab 5151 Balto	ghland Park Ce	TE REC'D. BY REGISTRAR 25 REGI	

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Mr. Amas Arundel Pas deug y (50) herealans tru

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And Andrew Andre

MANUAL MALES IN THE STATE OF TH

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ge 4 mc	3. SE	m	4. RACE White	MOND DAY YEAR	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. YRS.
nerol dir.	1	IRTHPLACE (STATE OR FOREIGN COUNTRY)  ashington.D.C.	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OF	•
y the fu	10.0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION ET ADDRESS) Mason Beach Road	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF  Carpenter	ON 126 KIND OF BUSINESS OR
AND 212	) 3a.	mD IND IND		YES NO	? 13e. STREET ADDRESS	ason Beach Rd.
MARYL ted with	)	ATHER'S NAME FIRST Chester	MIDDLE LAST Stell		WIDDLE	Hart
TIMORE Do ond con ond		WAS DECEASED EVER IN U.S. A (YES NO OR UNKNOWN) (IF YES, G)	LIVE WAR OR DATEST	= 211/4	ADDRE Stelljies -	same as 13e
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DIVISION OF VITAL RECORDS, SING PHYSICIAN: The low require contending physician.  After this certificate has been sign as the burial-transit permit. Then hand Mental Hygiene prior to be the and Mental Hygiene prior to buriand a show, any injury orked & Item A8 show, any injury orked & Item A8 show, any injury.	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY?  YES NOT	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO
ON OF VITAL R. HYSICIAN: The liding physician. Is certificate has burial-transit per Mental Hygies shows	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	EATH HOUR A.M. MONTH	DAY YEAR	URRED (ENTER NATURE OF INJUR	
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OR ATTENDO e hospital or DIRECTOR. A sched for use Dept. of Heal			pitol) ottended the deceosed from  On 19.  19.  19.  19.	7-7	on deoth occurred on the day	te and hour and from the couses stated
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in show	23a.	BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATOR	RY 23d LOCATION	

Rausch Fun. Home, PO Box 45, Owings, MD, 20736

STATE OF MARYLAND

DHMH - 16 50M 1/81 (VRA 15, 4)

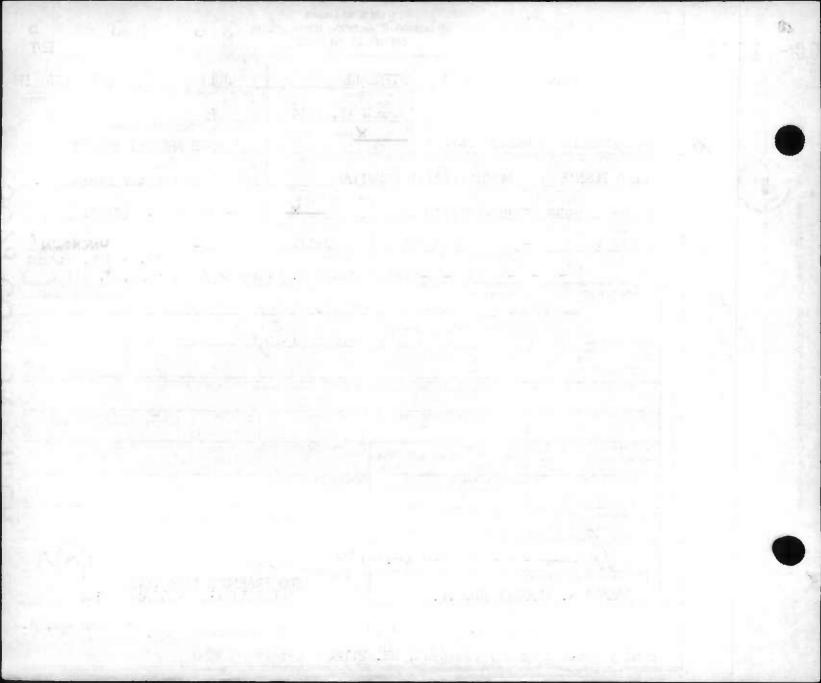
Burial 24 FUNERAL DIRECTOR

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July 4,1986 Hillcrest Cemetery Annapolis Anne Arundel

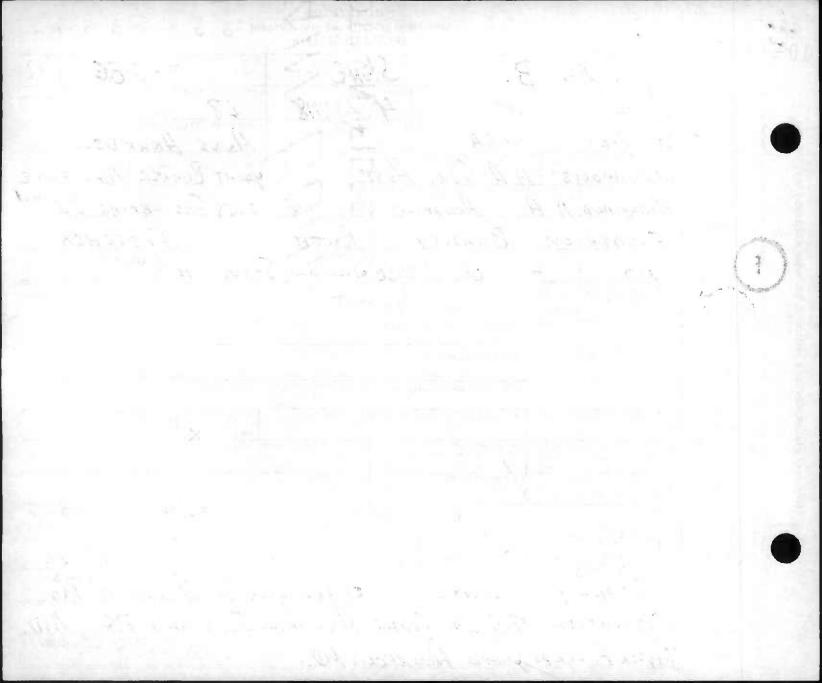
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r. po		3. SE	<	4. RACE	5 DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHOAY)	MONTHS DAYS HOURS MIN.
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7 60	10/	ALBI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COL	INTY OF DEATH
deat unes	10	1	Pennsylvania	United States	WIDOWED DIVORCED		NDEL COUNTY MD.
1	194	6	GLEN BURNIE	NORTH ARUNDE	L HOSPITAL	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) Pug Mill Oper	12b. KIND OF BUSINESS OR INDUSTRY cator Locke Ins.
	201		AL RESIDENCE HE NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFORE		13e STREET ADDRESS / ZIP C	
	20	Ma		Arundel Pasadena	1	714- 213th St	
27	FID.	IA FA	THER'S NAME	MIODLE LAST	15. MOTHER'S MAIDEN NA		LAST
7 10	18-1	/	Jacob	- Sterbac		_	UNKNOWN?
second ca	medica	160 V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 16b SOCIAL SECU	RITY NO. 17 INFORMANT	ADDRESS 71	4, 213th, Street
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hos hos iREC	ten ten		226. SIGNATURE	to the body of the doorn.	DEGREE		220 DATE SIGNED
AL AL Date	Till 1		15		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	3/14/6
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TO HOSPITAL of retoined by the TO FUNERAL I should be deto	MPORTANT:		BASANT K. K	HANDELWAL, M.D.	MILL	ERSVILLE, MARY	LAND 21108
Of Dist	3 3	23a. l	SURIAL, CREMATION, REMOVAL	23b. DATE 23c. 1	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
BP			Burial	July 17,86 Ce	edar Hill Cemetery	Brooklyn Park	nne Arundel Md.
DHMH - 16 60	M 7/84	24 F	JNERAL DIRECTOR	Home / 3204 Mour		TE REC'D, BY REGISTRAR 256. RE	GISTRAR'S SIGNATURE
(VRA 15,			Accully Funeral	Home / Pasadena	, Md. 21122	1 6 7980	



DHMH - 16 60M 7/84 (VRA 15, 4) wia Davidson

STATE OF MARYLAND



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10-1513	1	NN APOLIS	OF SUCH ECILITY, GIVE STREET AS	SPITAL	(TYPE OF WORK OR MOST OF WORK NG	WER PETAIL G
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TOW	17	HOMAS FEEDERI	CK WICHHA	m 185510	CA MIDDLE	PALLION
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1 1 1 1 1		19a DATE OF OPERATION	196 CONDITION FOR WHICH O	PERATION WAS PERFORMED	20a AUTOPSY? 20b IF Y	ES, WERE FINDINGS USED
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2 4 5 C 5 4 E	1	saw the deceased alive an abave, (1) (did) (did nat) vi	iew the bady after death.	, and that in my (aur) apinian	death accurred an the date and he	aur and fram the causes stated
AL DIRE	-	226. SIGNATURE	m ha	DEGREE ATTENDING PHYSICIAN (	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	22d. PHYSICIAN'S NAME (TYPEOR PRI	INT)	22e ADDRESS		1 1-
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BP	134	PRIAL, CREMATION, REMOVAL (SPECIFY)	7/26/86 (E	ME OF CEMETELY OR CREMATORY	23d LOCATION  CITY OR TOWN  CITY LAND	PG. MA
DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR	1	25a DA	TE REC'D. BY REGISTRAR 256. REGIS	STRAR'S SIGNATURE
(VRA 15, 4)	VX	Wer towers	CHAPOL From	APOLIS ND JI	11 3 0 1986 Julia	Davidson Hander

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DHMH - 16 60M 7/B4

(VRA 15, 4)

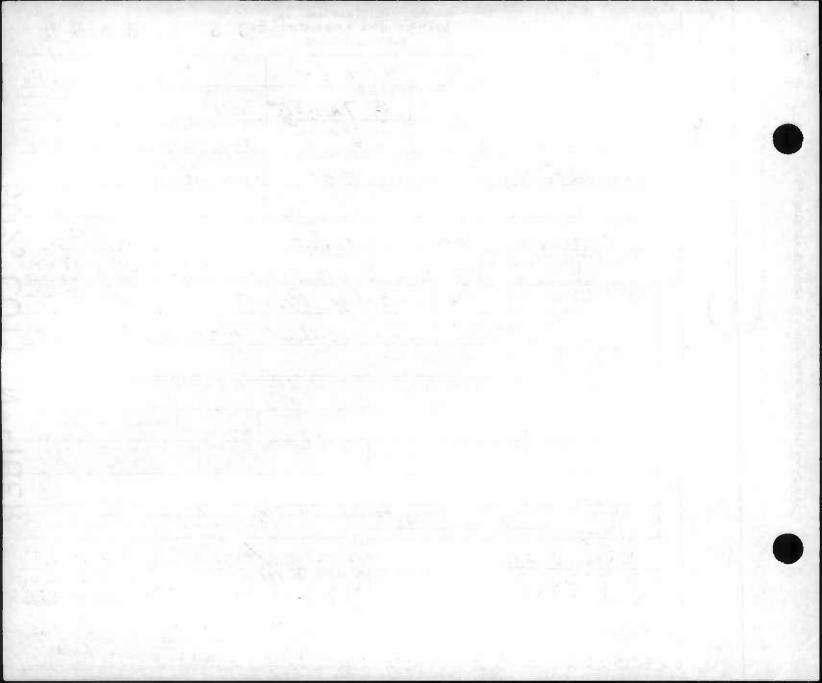
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STATE OF MARYLAND	
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1-	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL F CERTIFICATE OF DEATH	REG. N	0.
	CEASED NAME FIRST	MIDDLE	TAY OR	V	MONTH DAY YEAR 26. HOUR
_	10012	SIARKS	MILLON	6. AGE ITN YEARS LAST BIR	RTHDAY) IF UNDER 1 YEAR IF UNDER 24
3. SE	二 [	RACE B	5. DATE OF BIRTH	107	MONTHS DAYS HOURS
	IRTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY O	OR COUNTY OF DEATH
	IENd Shap A. ACOMO	U.S.A.	WIDOWED DIVORCED	D ANNE AR	UNCLEL COUNTY
10. CI	ANNA POLIS MOL	(IF NOT IN SUCH FACILITY, GIVE STREET	- 1/	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O	ION 126 KIND OF BUSINES:
	AL RESIDENCE (IF NURSING HOME OR OTH	3RY MANOR NO	RSING HOME	HOUSEWIF	<i>E</i> .
13a S	STATE 136 COUNTY			? 13e.STREET ADDRESS	ZIP CODE 214
14. FA	ATHER'S NAME FIRST MID	DIE LAST	15 MOTHER'S MAIDEN	NAME	TAST
A	LAERT BARNET	TT STARK		MIDDLE	BARNETT
Iéa. V	WAS DECEASED EVER IN U.S. ARME			ADDRI	
1	YES, NO OR UNKNOWN) (IF YES, GIVE W	(AR OR DATES) 579-97	-385 A ROTH S.	FLOOD WAS	SKING TONI D.C 2001
		12	//	1	
	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE	In l'ascula	1 Heer	den
FICATION	gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE  (c)  NOTITIONS CONTRIBUTING TO 1	In l'ascula	FRMINAL DISEASE OR CON	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH
RTIFICATION	gave rise to immediate cause (a1), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT COI	DUE TO, OR AS A CONSEQUE  (c)  NOTITIONS CONTRIBUTING TO 1  196. CONDITION FOR WHICH	ENCE OF  DEATH BUT NOT RELATED TO THE TI  OPERATION WAS PERFORMED	20a AUTOPSY?  YES NO	20% IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO
CAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT COL	DUE TO, OR AS A CONSEQUE  (c)  NOTITIONS CONTRIBUTING TO 1	ENCE OF  DEATH BUT NOT RELATED TO THE TI  OPERATION WAS PERFORMED	20a AUTOPSY?	20% IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO
MEDICAL CERTIFICATION	gave rise to immediate cause (a1), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT COI  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOT WHILE	DUE TO, OR AS A CONSEQUE  (c)  INDITIONS CONTRIBUTING TO IT  19b. CONDITION FOR WHICH  21b. TIME OF INJURY HOUR A.M. MONTH DA	ENCE OF  DEATH BUT NOT RELATED TO THE TI  OPERATION WAS PERFORMED  AY YEAR 19  211 LOCATION	20a AUTOPSY?  YES NO	20% IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO
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FOR

L DECEASED NAME (TYPE OF PRINT)

REGISTRAR

- STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIE

CERTIFICATE OF DEATH

20. DATE OF DEATH

250. DATE REC'D

MONTH

2h HOLIR

126. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

COUNTY

BY REGISTRAR 256, REGISTRAR'S SIGNATURE, MI

22c DATE SIGNED

DAYS

IF UNDER 24 HRS

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	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21001	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death contracts be executed within 24 natural and a scott be	retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and compiletely filled in the time in the case and a CO	should be detached for use as the burial-transit permit. Then please remaye call adopter Piges I and Zynauld be title milling after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, our most in	IMPORTANT: If Item 21 is marked at Item A8 shows any injury, or other traumatic years, the redical_Commer matrix at a the

3765	1 -	FOR STATE REGISTRAR		DEPART	WENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENB 6	187	0 2
e 6.4		CEASED NAME FIRST	TOCT	MIDDLE	TIPPE	AST	JULY	26, 198	26. HOUR 450 PM
page 3	3. SEX	THOMAS	JOSE 14 RACE		1 I PPE		6. AGE (IN YEARS LAST BIRTHDA		M
ector Frs after	3. SEA	Male	Whit	e	Apri	DAY YEAR	49	YRS.	DAYS HOURS MIN.
of the	(	RTHPLACE (STATE OF FOREIGN Shington, D.C.		WHAT COUNTRY?	8 MARRIEI WIDOWE	D NEVER MARRIED X	9 BALTIMORE CITY OR C ANNE ARUI		
134		GLEN BURNIE	NORTH	HOSPITAL, NURSING CHEACHTY GIVE STREET ARUNDEL		TAL	120 USUAL OCCUPATION (TYPEOF WORK FOR MOST OF WO		TWA
Se date	13a. S	at residence (if nursing home of tate 136 course of targets ary land 1.00 f	OTHER INSTITUTION	GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS? YES NO 🖔	13e STREET ADDRESS / ZI 7623 Beave	er Road	21061
望 発性 メ	14. FA	THER'S NAME	MIDDLE	£A5T		15 MOTHER'S MAIDEN NAM	MIDDLE		LAST
			oseph	Tippet		Mary	Margare		Frye
a execu			MED FORCES? VE WAR OR DATES) 4-58	212-32-		Gerald R. Ti	ppett, 612 R	dien L	
equires that the death services in signed by the attending plant. Then please remove conditions are to burial, cremation, or emissingury, or other traumatic yent.	NOI	18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA  Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT	DUE TO, C	CAUDY  OR AS A CONSEOUR  OR AS A CONSEOUR  A CONSEOUR	ENCE OF	CHRONA	INAL DISEASE OR CONDITI	(1111)	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
he law remit.	CERTIFICATION	190. DATE OF OPERATION	196 COND	DITION FOR WHICH	OPERATIO	n was performed	200 AUTOPSY? 26	Ob. IF YES, WERE N CERTIFYING C YES [	FINDINGS USED AUSES OF DEATH? NO [
iclan: 1 g physic ertificate color information into Hyg		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	A1111		AY YEAR	21c. HOW INJURY OCCURE	RED {ENTER NATURE OF INJURY IN	ITEM IS PART I ORP	'ART 2)
attending fer this c is the bur h and Me	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE, I	FARM, ETC )	211 LOCATION STREET	CITY OR TOWN	COU	INTY STATE
or attenbing or att DIRECTOR: After act		220.1 certify that (1) (this hasp saw the deceased alive or above, (1) (we) (did) (did no	712	5 19		nd that in (my) (aur) apinion of	death occurred on the date	and hour and Ire	
by the by the determine determined and a store		226. SIGNATURE  226. PHYSICIAN'S NAME (TYPE (		NO		220 ADDRESS 30	MEDICAL STAFF DIRECTOR PHYSICIAN DHOSPITAL DR NIE, MARYLANI	RIVE, SU	7 24 86 TTE 230
TO HOS retained TO FUN should be with the IMPORT.	22- 1	GELSIMO A. BURIAL CREMATION REMOVAL			NAME OF C	EMETERY OR CREMATORY	123d. LOCATION	, 21001	
ВР		Burial				ville Vet. Cen	n. Crownsvil		
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 F	UNERAL DIRECTOR NAME James S.	Kirkley	, Gleñ™Bu	rnie,		E REC'D, BY REGISTRAR 256		IGNATURE

CHEV EXPLAIR NORTH ANDROIS INSETTAL

Balto., Md.

25e. DATE REC'D. BY REGISTRAR 25h. REGISTRAR'S SIGNATURE

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JUL 14 1986

FOR

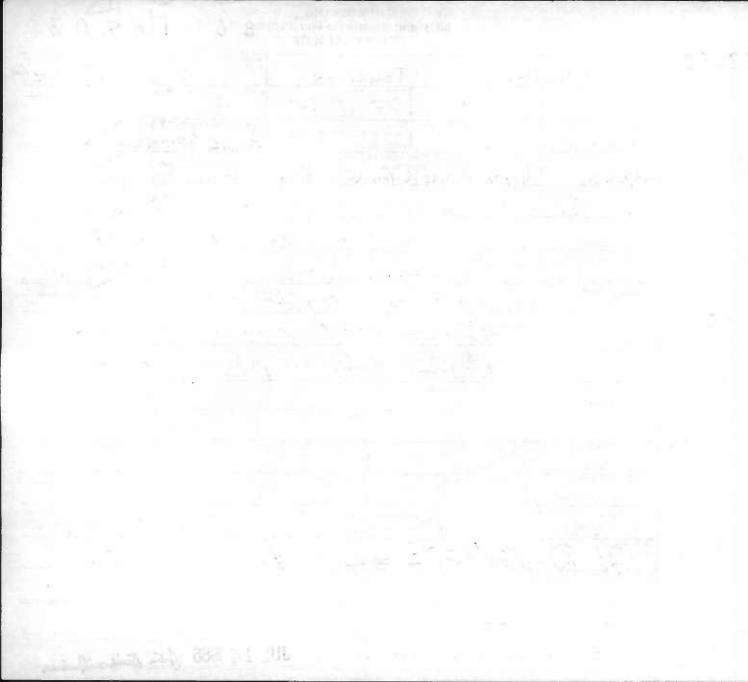
N FUNERAL DIRECTOR

Anatomy Board

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND



FOR

Selfemploy 13. STREET ADDRESS / ZIP CODE 214 Harmony Lane ADDRESS same as #13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ TIE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OF TOWN COUNTY STATE 7/10/86 and that ip (my) (our) opinion death occurred on the date and haur and from the causes stated 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 230 BURIAL CREMATION REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION July 12,86 Burial Lothian Mt. Zion Cemeterv 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Rauseh Funeral Home Oeings Md. 20736 win Davidon Tanpasa

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN

7h HOUR

176 KIND OF BUSINESS OR

IF UNDER 1 YEAR

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IF UNDER 24 HRS

DHMH - 16 60M 7/84 (VRA 15, 4)

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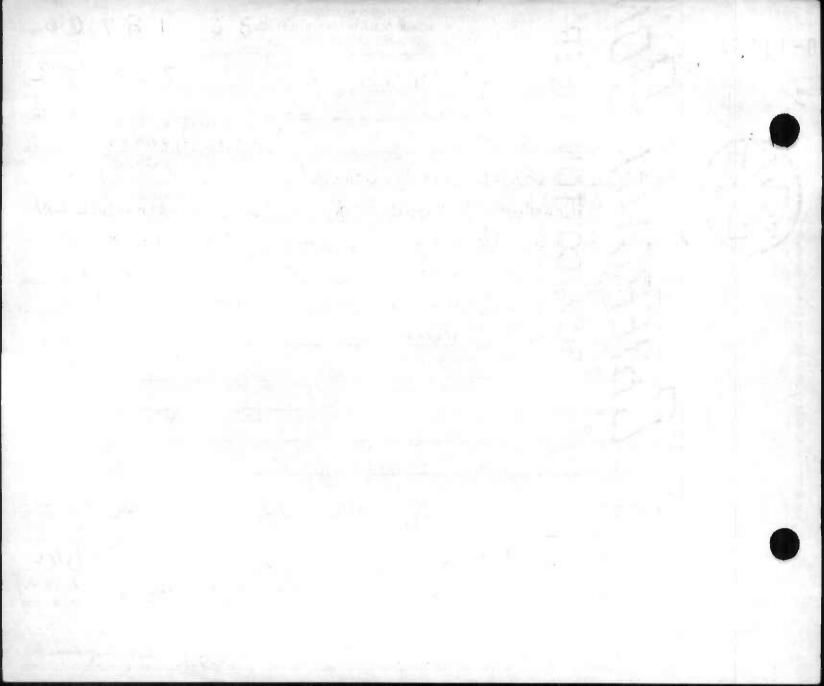
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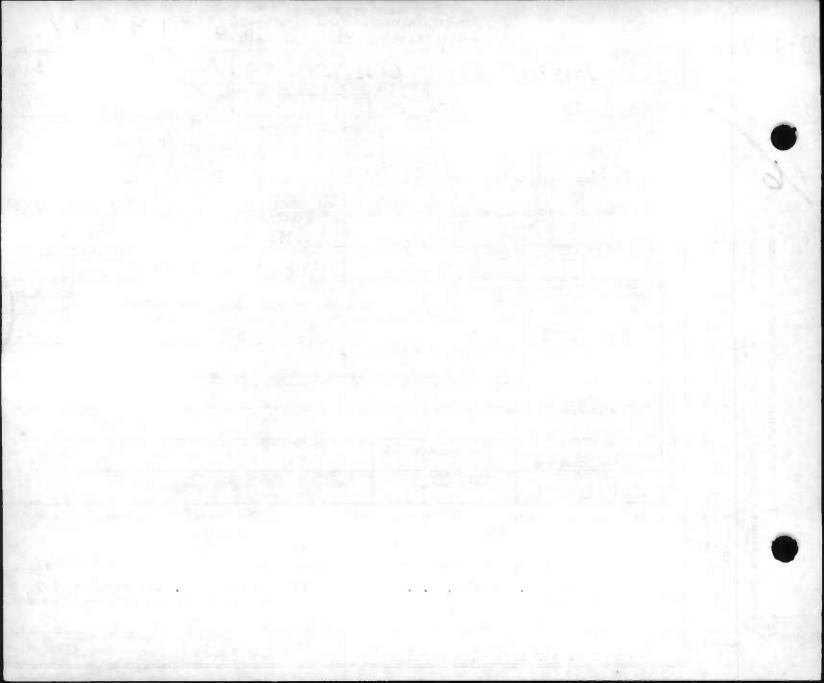
DHMH - 16 60M 7/84 (VRA 15, 4) 24 FUNERAL DIRECTOR

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n -: 1	1457	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH	8 6 1 8 7 0 6
0 1	deoth ,	DECEASED NAME PRISCILLA ERI	IN VARNEÝ 20.	DATE OF DEATH MONTH DAY YEAR 126 HOUR 7-3-86 7 4M
3	age 4 mar	SEX F RACE Whi	te 7 3 86	AGE (IN YEARS LAST BIRTHDAY)  IF UNDER 1 YEAR IF UNDER 24 HRS  MONTHS DAYS HOURS MS.
	135	CHIT HPLACE (STATE ORFOREIGN TO CITY OF THE OFFICE OF WHAT COUNTRY) CAN COUNTRY CAN COUNTRY CAN COUNTRY CAN COUNTRY CAN COUNTRY COUNTR	MARRIED ☐ NEVER MARRIED ☑  WIDOWED ☐ DIVORCED ☐	ANNE Arknoel MD.
1201	m by the effect with	ANNADOLS  AUGUSTA STORY OF DEATH  ANNE OF HOSPI  AN	Trundel Genera (1)	I USUAL OCCUPATION  THE WORK OF MOST OF WOSTING LIFE INDUSTRY  A MOST OF WOST OF WOST NO LIFE INDUSTRY
MARYLAND 2120	filled in filled in middle	Maryla Nolla County Aundell A		STREET ADDRESS / ZIP CODE PACK LN
MAR	* ************************************	Gerard S. Var	Ney LisA	J. Lentrop
IIMORE	be exect on and c	WAS DECEASED EVER IN U.S. ARMED FORCES? 166, S	OCIAL SECURITY NO. 17 INFORMANT  Gerard S. Va	arney same as13,
ST., BAL	physicia on paper emaval. event, thi	CAUSE OF DEATH (Enter only one couse per line to PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	proports march An	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON	death ce attending ave carbo stian, ar ri roumatic	DUE TO, OR AS A	CONSEQUENCE OF	
*	that the case remood, cremon	gove rise to immediate cause (o), stating the underlying cause last.	CONSEQUENCE OF	
RDS, 20	equires t signed Then ple to burio njury, or		BUTING TO DEATH BUT NOT RELATED TO THE TERMINA	AL DISEASE OR CONDITION GIVEN IN PART 110
AL RECORDS,	he low re on. hos beer t permit. ene prior	190 DATE OF OPERATION ON DITION  TTO ACCIDENT WAS UNDERLYING 2112 IME OF INJURIES		200 UTOPSY? 200 JF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
OF VITA	PHYSICIAN: TI ending physicia this certificate to buriol-transition of Aental Hygi d or Item 18 sh	OR COLUMNIC COLUMN OF REAL PROPERTY A.M.	JRY MONTH DAY YEAR 19	(ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
DIVISION OF VITAL	ING PHYSIC r ottending After this cer as the burio lith and Ment orked or Iter	218 NJURY OCCURRED 218 PLACE OF IN		CITY OR TOWN COUNTY STATE
	00 0 E	certify that (I) (this hospital) attended the decessor the decessed alive on	n	, to, that (I) (welost
	t OR ATTEN the hospital t DIRECTOR: stocked for use e Dept. of He	abave, (1) (we) (did) (did not) view the body after	death, DEGREE	MEDICAL STAFF 222 DATE SIGNED
	by by Stot	220 PHYSICIAN'S NAME (TYPE OR PRINT)	PHYSICIAN D	EL St. ANNAPOLIS, UNDANO
	TO HOS retained TO FUN should be with the IMPORT	30 BURIAL, CREMATION, REMOVAL 236. DATE	231 NAME OF CEMETERY OR CREMATORY	23d LOCATION
	BP	Burial 7/7/86	Woodlawn Cemetery	Easton, county Md.
	DHMH - 16 60M 7/84 (VRA 15, 4)	FUNERAL DIRECTOR Hardesty Funeral Home	ADDRESS ADDRESS	7 - 1986 Juha Daviden-Aunder



STATE OF MARYLAND



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DIVISION OF VITAL RECORDS, 201 W.

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 26 HOU Claire Walsh F. July 18, 1986 3. SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) MONTH DAY YEAR Female White 60 0.7 04 26 To. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED MEVER MARRIED New York USA Anne Arundel County DIVORCED WIDOWED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE)
HOUSEWIFE INDUSTRY Linthicum 520 Greenwood Rd. 21090 13a STATE 13¢ CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Pennsylvani Norristown 352 Township Line Road 1940 YES X NO [ 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME ALIDDLE Arnold Fairchild Josephine Noonann 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT Norristown, Pa. (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) No John J. Walsh 352 Township Line Rd. 19401 121-18-0602 18 CAUSE OF DEATH (Enter only one couse per ling top on the PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190. DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [ NO [ 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH Mentol MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION morked or os the b AT HOME STREET, FACTORY OFFICE FARM ETC 1 CITY OR TOWN COUNTY STATE WHILE NOT WHILE 220.1 certify that (1) (this have talk attended the deceased from saw the deceased dive or and that in my course opinion death occurred on the date and hour and from the causes stated 77h SIGNATURE DEGREE 22c. DATE SIGNED ld be detoch the Stote De ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 720 Maiden Choice Ln., Catonsville, MD Gregory F. McAuliffe, M.D. 230 BURIAL, CREMATION, REMOVAL 236 DATE 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN Burial 7/21/86 Geo. Washington Mem. &k Norristown Pennsylvania 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

A. Alan Seitz, Jr. 3818 Roland Ave. 21211

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(VRA 15, 4)

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SINGLETON PUNERAL HOME, GLEN BUNRIE, MD.

(VRA 15, 4)

ATTERNA TRANSPORTER STREET

3. SEX  4. RACE  5. DATE OF BIRTH  MONTH DAY  15. DATE OF WARRIED DAY  15. MOTHER'S MAIDEN NAME  FIRST  MODE  15. MOTHER'S MAIDEN NAME  FIRST  MODE  16. SOCIAL SECURITY NO.  17. INFORMANT  18. DAY  18.	NELLIE   WOOD   WATERS   JULY   09, 1986   070000000000000000000000000000000000	NELLIE   WOOD   WATERS   JULY   09, 1986   070	NELLIE   WOOD   WATERS   JULY   09, 1986   070	025	= STATE REGISTRAR	CERT	IFICATE OF DEATH	REG. NO.	E
FEMALE  BLACK  9. 1887  1. 188	FEMALE  BLACK  9	FEMALE  BLACK  9 MM  71 18487  98 YRS.  16 BIRTHPLACE (STATE OR FOREON TO PROME TO COUNTY)  17 BATT TO RESERVE CENTER OF WHAT COUNTRY?  18 BATTHPLACE (STATE OR FOREON TO PROME TO COUNTY)  18 BATTHPLACE (STATE OR FOREON TO PROME TO COUNTY)  19 BATTHPLACE (STATE OR FOREON TO PROME TO COUNTY)  10 CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  12 CITY OR TOWN  13 INSIDE CITY LIMITS  13 STATE  14 MODE  15 STATE  15 MOTHER'S MANDE  16 WAS DECEASED EVER IN U.S. ARMED FORCES?  16 SOCIAL SECURITY NO.  17 INFORMANT  18 WAS DECEASED EVER IN U.S. ARMED FORCES?  18 STATE OR ONE WAS OBLASED OR OR OTHER INSTITUTION  18 WAS DECEASED EVER IN U.S. ARMED FORCES?  19 STATE OR ONE WAS OBLASED OR OR OTHER INSTITUTION  10 WAS DECEASED EVER IN U.S. ARMED FORCES?  10 WAS DECEASED EVER IN U.S. ARMED FORCES?  10 STATE OR ONE WAS OBLASED OR OTHER INSTITUTION  11 CAUSE OF DEATH LETTER OR ONE OF DEATH  18 WAS DECEASED EVER IN U.S. ARMED FORCES?  19 STATE OR ONE WAS CAUSED BY:  10 USUAL RESIDENCE  10 STATE OR ONE WAS OBLASED BY:  11 MARCHIEF OR ONE OF DEATH  12 CAUSE OF DEATH LETTER OR ONE OF DEATH  13 MODE  14 CAUSE OF DEATH LETTER OR ONE OF DEATH  15 MOTHER'S MANDE  16 DATE OF OPERATION  18 COUNTY OR TOWN  19 COUNTY OR TOWN  19 COUNTY OR TOWN  19 COUNTY OR TOWN  10 DETO, OR AS A CONSEQUENCE OF LEAST OF THE TOWN OR OTHER	FEMALE   BLACK   98   7   1887   98   98   98   98   98   98   98		VOC -0.0 00.0 1		ERS		
NAME   NEVER MARRIED   NEVER	NAME OF MARRIED   NEVER MARRIED   NEVER MARRIED   NAME OF MOSPITAL NURSING HOME OR OTHER INSTITUTION   17th OF WORK FOR MOST OF WORK FING 185]   17th KIND OF BUSINESS   17t	ANNE ARUNDEL COUNTY   AND ARUNDEL COUNTY   ANNE ARUNDEL COUNTY   AND ARUNDEL	ARRIED   NEVER MARKED   NEVER MARKED   NEVER MARKED   ANNE ARUNDEL COUNTY	3. S		MOI	ATH DAY YEAR		MONTHS DAYS HOURS
USUAL RESIDENCE (IF NURSING HORSE OF OTHER INSTITUTION, CITY RESIDENCE BEFORE ADMISSION) 136. STATE 136. STATE 136. STATE 136. STREET ADDRESS / ZIP CODE 3805 EDGEWOOD 137. FATHER'S NAME 138. STREET ADDRESS / ZIP CODE 3805 EDGEWOOD 138. STATE 139. STREET ADDRESS / ZIP CODE 3805 EDGEWOOD 139. STATE 139. STREET ADDRESS / ZIP CODE 3805 EDGEWOOD 139. STATE 139. STREET ADDRESS / ZIP CODE 3805 EDGEWOOD 139. STATE 139. STREET ADDRESS / ZIP CODE 3805 EDGEWOOD 139. STATE 139. STREET ADDRESS / ZIP CODE 3805 EDGEWOOD 139. STATE 139. STREET ADDRESS / ZIP CODE 3805 EDGEWOOD 139. STREET ADDRESS / ZIP CODE 3805 EDGEWOOD 139. STATE 149. STATE 159. MOTHER'S MAIDEN NAME 159. MOTHER'S MAIDEN NAME 159. MOTHER'S MAIDEN NAME 169. WAS DECEASED EVER IN U.S. ARMED FORCES? 169. SOCIAL SECURITY NO. 179. INFORMANT 180.	GLEN BURNIE  (IF NOT HISTORY ACTUAL A	SULAL RESIDENCE (# NURSPIG HOME ON CHIEF PASTITUTION OWE RESIDENCE BEFORE ADMISSION)  13a STATE  13b COUNTY  13c CITY OR TOWN  13d INSIDE CITY LIMITS?  13c STREET ADDRESS / ZIP CODE 3805 EDGEWOOD  13c BALTTIMORE  13c MARYLAND  13c CITY OR TOWN  13d INSIDE CITY LIMITS?  13c STREET ADDRESS / ZIP CODE 3805 EDGEWOOD  13c BALTTIMORE  13c MARYLAND  13d INSIDE CITY LIMITS?  13c STREET ADDRESS / ZIP CODE 3805 EDGEWOOD  13c BALTTIMORE  13c MARYLAND  13d INSIDE CITY LIMITS?  13d INSIDE CITY LIMITS?  13c STREET ADDRESS / ZIP CODE 3805 EDGEWOOD  13c BALTTIMORE  13d INSIDE CITY LIMITS?  13d INSIDE CITY LIM	GLEN BURNTE    SOCIAL SECURITY   136 STATE   STATE   136 STATE   1	16	COUNTRY)	MARR			
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  136. STATE  137. CITY OR TOWN  BALTIMORE  138. CITY OR TOWN  BALTIMORE  138. INSIDE CITY LIMITS?  YES NO DE BALTIMORE, MARYLAND  139. STREET ADDRESS / ZIP CODE 3805 EDGEWOO  BALTIMORE, MARYLAND  119. FATHER'S NAME FIRST  WESLEY  HUGHES  BLANCHE  BROWN  166. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN)  16F YES, GIVE WAR OR DATES)  16 SOCIAL SECURITY NO.  212-22-7934A Mrs. Iona Collins Baltimore, Maryland  218. CAUSE OF DEATH (Enter only one cause per line for (a), b), and (c).)  PART I. DEATH WAS CAUSED BY:  UMMEDIATE CAUSE (b)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART (a)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART (a)	USUAL RESIDENCE (# NURSING MARC OF OTHER INSTITUTION, CIPY RESIDENCE BEFORE ADMISSION)  136 INSIDE CITY LIMITS?  136 INSIDE CITY LIMITS?  136 INSIDE CITY LIMITS?  136 INSIDE CITY LIMITS?  137 INSIDE CITY LIMITS?  138 INSIDE CITY LIMITS?  139 INSIDE CITY LIMITS?  130 INSIDE CITY LIMITS?  130 INSIDE CITY LIMITS?  131 INSIDE CITY LIMITS?  132 INSIDE CITY LIMITS?  133 INSIDE CITY LIMITS?  135 INSIDE CITY LIMITS?  136 INSIDE CITY LIMITS?  137 INSTREET ADDRESS / ZIP CODE 3805 EDGEWOOD  130 INSIDE CITY LIMITS?  138 INSIDE CITY LIMITS?  139 INSIDE CITY LIMITS?  130 INSIDE CITY LIMITS?  130 INSIDE CITY LIMITS?  130 INSIDE CITY LIMITS?  131 INSIDE CITY LIMITS?  131 INSIDE CITY LIMITS?  132 INSIDE CITY LIMITS?  135 INSIDE CITY LIMITS?  136 INSIDE CITY LIMITS?  137 INSTRET ADDRESS / ZIP CODE 3805 EDGEWOOD  145 INSIDE CITY LIMITS?  145 INSIDE CITY	USUAL RESIDENCE IF NURS GROWN OF RESPONSE ENGRE ADMISSION     136 STATE   136 STREET ADDRESS / ZIP CODE 3805 EDGEWOOD   137 STATE   136 STATE   136 STREET ADDRESS / ZIP CODE 3805 EDGEWOOD   136 STATE   136 STREET ADDRESS / ZIP CODE 3805 EDGEWOOD   137 STATE   136 STATE   136 STREET ADDRESS / ZIP CODE 3805 EDGEWOOD   146 STATE	USUAL RESIDENCE (# MURSTED TONE OR CONTRIBUTION, ONE # SIDENCE BEFORE ADDRESS / ZIP CODE 3805 EDGEWOOD  MARYLAND  13. CITY OR TOWN  BALTIMORE  15. MOTHER'S MAIDENAME  FIRST  MDDLE  HUGHES  BLANCHE  BROWN  16. WAS DECEASED EVER IN U.S. ARMED FORCES? (# YES, NO O UNKNOWN)  (# YES, GIVE WAR OR DATES)  16. WAS DECEASED EVER IN U.S. ARMED FORCES? (#YES, NO O UNKNOWN)  (# YES, GIVE WAR OR DATES)  16. WAS DECEASED EVER IN U.S. ARMED FORCES? (# YES, NO O UNKNOWN)  (# YES, GIVE WAR OR DATES)  16. WAS DECEASED EVER IN U.S. ARMED FORCES? (# YES, GIVE WAR OR DATES)  17. INFORMANT  3805RES Edgewood Road  212-22-7934A  Mrs. Tona Collins  Baltimore, Maryland 21  18. CAUSE OF DEATH (Enter only one couse per line for (a), [b], ond (c)) or PART I. DEATH WAS CAUSED BY:  (CONDITION, which gove rise to immediate couse lost stoling the underlying couse lost of Contribution of Con	4 10.				(TYPE OF WORK FOR MOST OF WO	ORKING LIFE) INDUSTRY
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10	FIRST MIDDLE LAST BLANCHE  WESLEY  166 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, ONE WAR OR DATES)  160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, ONE WAR OR DATES)  160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, ONE WAR OR DATES)  160 SOCIAL SECURITY NO. 17 INFORMANT  160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, ONE WAR OR DATES)  160 SOCIAL SECURITY NO. 17 INFORMANT  160 SOCIAL SECURITY NO. 1	WESLEY  WESLEY  HUGHES  BIANCHE  BROWN  16 WAS DECEASED EVER IN U.S. ARMED FORCES?  (145, NO OR UNKNOWN)  NO  16 YES, GIVE WAR OR DATES)  16 SOCIAL SECURITY NO.  212-22-7934A Mrs. Iona Collins  Baltimore, Maryland 21  APPROXIMATE INTEX  BIANCHE  BROWN  2805RESS AGG WOOD  17 INFORMANT  3805RESS AGG WOOD  APPROXIMATE INTEX  BETWEEN ONSE! AND OR  APPROXIMATE INTEX  BETWEEN ONSE! AND OR  BETWEEN ONS! AND OR  BROWN  BETWEEN ONS! AND OR  BROWN  BETWEEN ONS! AND OR  BETWEEN ONS! AND O	WESLEY  HUGHES  BLANCHE  BROWN  16 WAS DECEASED EVER IN U.S. ARMED FORCES?  16 SOCIAL SECURITY NO.  17 INFORMANT  18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) c  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (b)  DUE TO, OR AS A CONSEQUENCE OF  OUTPUT  DUE TO, OR AS A CONSEQUENCE OF  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:  19 DATE OF OPERATION  19 DATE OF OPERATION	130	STATE 36 COUNTY	13c. CITY OR TOWN	134. INSIDE CITY LIMITS?	130 STREET ADDRESS / ZII	
18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART (a)	NO    212-22-7934A   Mrs.   Tona Collins   Baltimore, Maryland 21	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART I, DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  QUE TO, OR AS A CONSEQUENCE OF  Underlying couse lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  190. DATE OF OPERATION  190. CONTRIBUTING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  191. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING TO DEATH HOUR A.M. MONTH DAY YEAR  [If EITHER, NOTIFY MEDICAL EXAMINER]  210. NOTWHILE OND WHILE OF INJURY  [AT HOME STREET, FACTORY, OFFICE, FARM, ELC.]  211. LOCATION  STREET  CITY OR TOWN  COUNTY  STA	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY:    MAREDIATE CAUSE (a)	2	FIRST MIDDLE		FIRST	WIDDLE	BROWN
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Output To an	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10  190 DATE OF OPERATION  190 CONDITION FOR WHICH OPERATION WAS PERFORMED  210 AUTOPSY?  210 ACCIDENT WAS UNDERLYING  211 TIME OF INJURY HOUR A.M. MONTH DAY YEAR  212 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN TERM 18 PART 1 OR PART 2)	PART I. DEATH WAS CAUSED BY:    IMMEDIATE CAUSE (a)	PART I. DEATH WAS CAUSE O DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost.    DUE TO, OR AS A CONSEQUENCE OF CONTRIBUTION OF A CONTRI	2 160	(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR E	DATES)		3805 Ed	igewood Road ore, Maryland 21
	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 70k IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO 70k IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO 70k IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO 70k IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO 70k IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO 70k IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO 70k IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO 70k IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO 70k IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO 70k IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO 70k IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO 70k IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO 70k IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO 70k IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO 70k IF YES NO 7	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 106. AUTOPSY? 106. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO 107. NO 107. NO 108. IF YES NO 108. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO 108. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO 108. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO 108. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO 108. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO 108. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO 108. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO 108. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO 108. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO 108. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO 108. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO 108. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO 108. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO 108. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO 108. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO 108. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO 108. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO 108. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO 108. IF YES NO 108	190. DATE OF OPERATION  190. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION WAS PERFORMED  210. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  210. IN JURY OCCURRED  211. IN JURY OCCURRED  212. IN JURY OCCURRED  213. IN JURY OCCURRED  214. IN JURY OCCURRED  215. IN JURY OCCURRED  216. IN JURY OCCURRED  217. IN JURY OCCURRED  218. IN JURY OCCURRED  219. JURY OCCURRED  210. IN JUR	ar other traumatic event	PART I. DEATH WAS CAUSED BY:	E (O) CONSEQUENCE OF (b)	VD + d	unic premi	in your
	A LOS COURS OF THE LOS COURS OF THE COURS OF	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  P.M.  19  216. INJURY OCCURRED  216. PLACE OF INJURY  WHILE NOT WHILE  NO	OR CONTRIBUTING CAUSE OF DEATH  (IF ETHER, NOTIFY MEDICAL EXAMINER)  P.M. 19  21d. INJURY OCCURRED  WHILE NOT WHILE NOT WHILE NAME OF INJURY  (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)  27a   certify that (I) (this haspital) attended the deceased from 19 0.00 and that in (my) (our) application depth occurred on the date and hour and from the causes state.	FICATION				20g AUTOPSY? 20	b. IF YES, WERE FINDINGS USED I CERTIFYING CAUSES OF DEATH
22a I certify that (I) (this haspital) attended the deceased from 1986, to 1986, to 1986, that (I) (w	saw the deceased alive an above, (1) (we) (did) (did not) view the body after death.  DEGREE  ATTENDING MEDICAL STAFF	27b. SIGNATURE DEGREE 22c. DATE SIGNED		PORTAN	22d PHYSICIAN'S NAME (TYPE OR PRINT)  MARCELINO ALBI	JERNE, M.D.	27e ADDRESS BALTIM	1940 WEST BAL ORE, MARYLAND	21223

7/12/86

2501 Gwynns Falls Pkwy. Baltimore, Md. 21216

14 FWUTTERCER SONS FUNERAL HOME, INC.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

23a. BURIAL CREMATION, REMOVAL

Burial

(SPECIFY)

730 DATE REC'D. BY REGISTRAR 736 REGISTRAR'S SIGNATURE. wa Devidon- Jangalle

23d. LOCATION

23c. NAME OF CEMETERY OR CREMATORY

Arbutus Memorial Park

Baltimore, Maryland

76 HOUR 0709 AM

MD.

IF UNDER 24 HRS

12b. KIND OF BUSINESS OR

re. Maryland 21215 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

\_\_\_\_, that (1) (we) last

HOME CODE 3805 EDGEWOOD RD 21215

PISIS DEATHORS, TOTAL & NOTES Claraterial and the market and the Arthred Plant Plant Plant Plant Alt symbolic states bostynen ,wareties with large and large and large tearling ofth lagrant stills your littleness, but I like

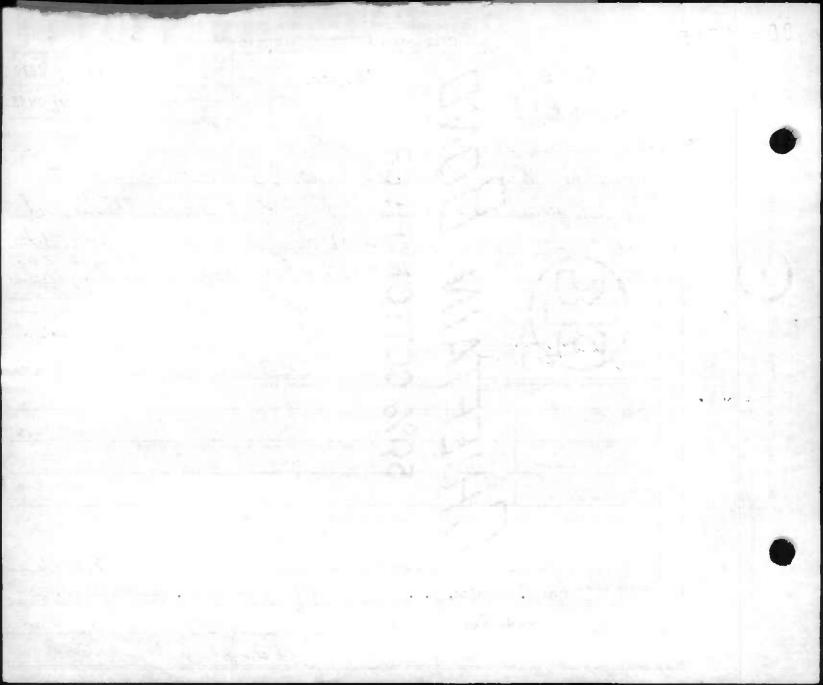
## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF BEATH REGISTRAR DECEASED NAME 20. DATE KNOWN ANTH 2b. HOUR LITYPE OR PRINTS OF DEATH MATED DATE OF BIRTH 2d HOUR IF UNDER 24 HRS DATE MONTH DAY LAST BIRTHDAY) PRONOUNCED 1986 DEAD To BIRTHPLACE 7b. CITIZEN OF WHAT P. BALTIMORE CITY OF COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED Z DIVORCED [ OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR USUALOCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS OF WORKING LIFE) OR INDUSTRY USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30. STATE COUNTY 13d INSIDE CITY LIMITS? 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO 7. INFORMAN (YES. NO. OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) DIMISI 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). APPHOXIMATE INTERVAL BETWEEN ONSET AND DEATH PERMIT. PART I DEATH WAS CAUSED BY TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HO EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN 1TEM 18 PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED AS A BURIAL -TRANSIT PERMIT AFTER DATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. IMMEDIATE CAUSE (a)-DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ... CERTIFICATION 190. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NO X 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK Inspection A 220. I certify that I took charge of the remains described above, held on Autopsy Inquiry and in my apinion death resulted from-Natural causes Suicide L Homicide L Undetermined monner TITLE (SPECIFY) ACTUAL SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Joines E. ADDRES 116 Gumbottom Rd. Crownsville 21032 Wheeler. 23c, NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236 DATE

07/84 25M

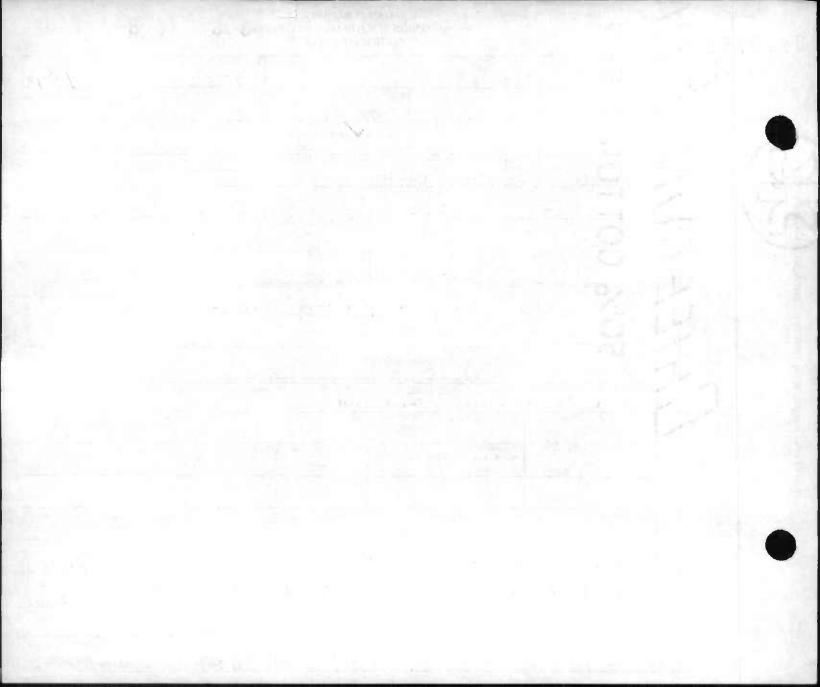
**DHMH - 17** (VR A15 ME (5))

24 FUNERAL DIRECTOR

25a. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S



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	01	0 0			EASED NAME	FIRST	1787	MIDDLE		LAST		20. DA	REG. TE OF DEATH		DAY YE	AR 2b	HOUR
	e e	dep	П	TYPE	John H	. We	ells					7	/25/8	6		19	130 pm
	мом.	Ď	3	SEX			RACE			OF BIRTH			(IN YEARS LAST		IF UNDER I		UNDER 74 HRS
_	ectar				Male		Ca	uc.	MOI	7/8/9		8	19	YRS	MONTHS	DAYS	DURS MIN.
	din di	nou s	1	e BIF	THPLACE   STATE OF FO	REIGN 7	L CITIZEN OF	WHAT COUN	TRY? 8	1	ER MARRIED -	9 BALT	IMORE CITY	OR COUN	TY OF DEAT	Н	
-	nero		2		Md.		US		WIDO	/ED 🗌	DIVORCED [		nne A	runde	el Co		MD.
= V	y the fu		11		y or town of DEAT en Burnie	_	(IF NOT IN SU	CH FACILITY, GIVE	URSING HOME STREET ADDRESS) Nursi				lainte Ian	nance		ate mm.	Roads
ND 2112	74 hour	ad y	70		L RESIDENCE HE NURSIN		OTHER INSTITUTION	136. CITY OF	TOWN	)	E CITY LIMITS?	13e STR	REET ADDRESS		DE		1205
YLA	ely t	1			THER'S NAME						ER'S MAIDEN N			Cull	зу Бс		1203
MAR	nple	50/		Jo.	nn Wells	M	NIDDLE	LAS	ī	Ве	rtha M	urra	MIDDLE			LAST	
M.	d d	edical			AS DECEASED EVER IN		MED FORCES?	166 SOCIAL	SECURITY NO	17 INFOR				RESS			
WO	a a	Da P	4	Ye	S (NO OR UNKNOWN)		I I	213-	05-582	1 Ag	nes We	lls	(wife	) sar	ne ad	dre	SS
ALT	ote b	popers oval.	Ī		18 CAUSE OF DEATH	Enter anly	y ane cause pe	r line far (a), (	bi, and ici						BET	PROXIMA	TE INTERVAL
	tifico phy	emovo event,	3		PART I DEATH WA		BY: E CAUSE (a)	Caro	liores	pira	tony	arr	257				
PRESTON S	h ce			u			DUE TO. C	R AS A CONS	SEQUENCE OF	1	0						
ESTO	deat	ation, or troumatic	7	-	Canditians, if any,		(b)_										
W PR	by the				gave rise to imme cause (a), stating underlying cause		DUE TO, C	OR AS A CON	SEQUENCE OF								
DS, 201	quires t	nen pied to buriol ijury, or		NO	PART 2. OTHER SIGNI		ONDITIONS C		G TO DEATH BI		TED TO THE TER	MINALDI	SEASE OR CO	NDITION C	IVEN IN PA	RT Ira	
DIVISION OF VITAL RECORDS,	fire to	20 1	9	CERTIFICATION	190 DATE OF OPERATI	-	-		HICH OPERAT	1 - 1	RFORMED	200	AUTOPSY?	IN CER	ES, WERE F	USES OF	F DEATH?
ITAL	4 9 4	1 44	-	ERT	21a. ACCIDENT WAS UNDE	RLYING []	21b. TIME O	OF INJURY		21c HOV	V INJURY OCCU	IRRED (EN	TER NATURE OF IN		YES DEPART		NO []
> F <	phy phy	or tron		-	OR CONTRIBUTING CA	USE OF DEAT	H .		H DAY YEA	?		,,,,,	TEN THE ONE OF THE				
NO	ding ding	Aentol or frem	7	MEDICAL	THE EITHER NOTIFY MEDICA			OF INJURY	15	211 LOC	ATION						
DIVISIO	offen fter th	on d		WE	WHILE NOT WHILE		(AT HOME, S	TREET, FACTORY C	OFFICE, FARM, ETC.)	51	REET		CITY OR	TOWN	COUN	TY	STATE
	ND S	Use os Health is mark			220.1 certify that (1) (	,		he deceased t			19	, ta			. 19		at (1) (we) last
	k ATTEN hospital RECTOR	2 per 12			saw the deceased abave, (M(we) (di	l alive an _ d) (did nat	view the bad	y after death.	.19		my) (aur) apinia	n death ac	curred an the	date and h			
	0 . 0	detached hate Dept LT. If Item			22b. SIGNATURE			Lelu	- 1	DEGREE	ATTENDING PHYSICIAN	MEDI	ICAL ST	AFF SICIAN [	22€ [	7 Ls	NED 187
	- 0 111	should be deta with the State   IMPORTANT. II	7		13. K		PRINT)	WAL	M.D	22e ADD	RESS 122 B	4A (	Blvd,	Gle	n Br	1241	Mg
	5 et 5	N N	1	230 B	URIAL, CREMATION, R	EMOVAL	23b. DATE	<del> </del>	23c NAME OF	CEMETERY	OR CREMATORY	23 d.	LOCATION			_	MINIT
	BP			B	urial		7/29	/86	Bal+	O . N=	tional		Bal+	O. M	YINDO		STATE
	DHMH - 16	4044 7 /O	. 1		hihunek f	'uner				O . IAC			. BY REGISTRA	R 25b. REGI	STRAR'S SIC	SNATUR	E
	(VRA				31 Brehms					1213	JU	120	9 1000	4040 -	Dandow	- fren	de Maria
				-		11011				4 4 4 4			10101	7.0			



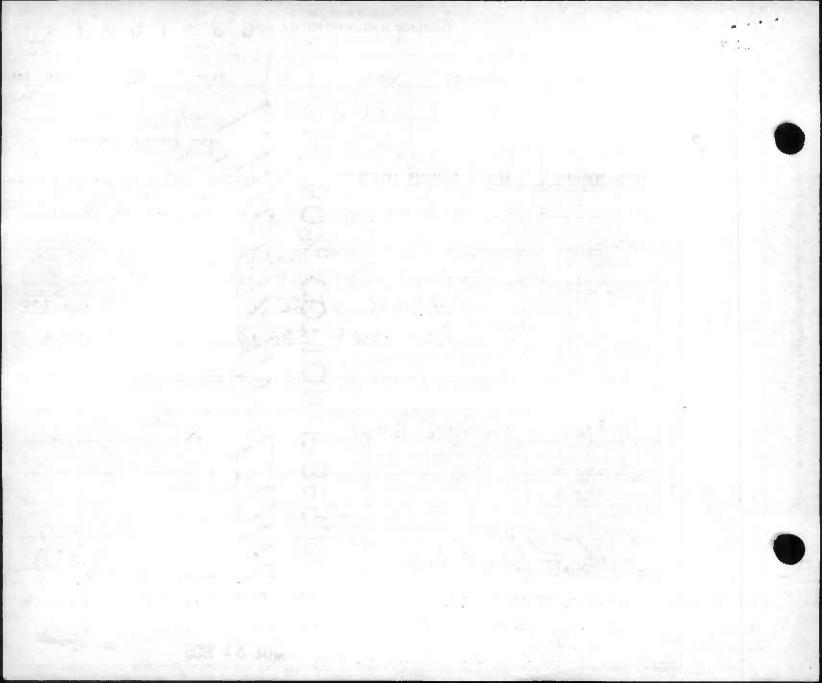
F# 1 1-4	1.	FOR STATE REGISTRAR		DEPARTM	CERTIF	EALTH AND MENTAL HYG		8 7 1 4
- Contract of the contract of	I. DE	CEASED NAME FIRST		MIDDLE		AST	REG. NO.	DAY YEAR 26 HOUR
deoth deoth		OR PRINT)	***	GV/NED/	7.127	7.0		28 1986 500 APA
o o o	3. SE	LEONA	14. RACE	CKNEY	5. DATE C	i di kan	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
1 2 1		male	Whi	to	MONTH	DAY YEAR		MONTHS DAYS HOURS MIN.
director		RTHPLACE   STATE OR FOREIGN		WHAT COUNTRY?	Apri		9 BALTIMORE CITY OR COUN	
TE . 3 X	1	OUNTRY)	USA			NEVER MARRIED	ANNE APIN	DEL COUNTY
24 26		ryland TY OR TOWN OF DEATH		HOSPITAL, NURSIN	WIDOWE G HOME C	DIXX DIVORCED D	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
14.94	+			TH ARUNDE	ADDRESS)		TYPE OF WORK FOR MOST OF WORKING	
15.00	H850	GLEN BURNIE	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	PLIAL	Factory Worker	
199	13a. Ma	ryland 136 COU	A Co.	Glen Bur	N	130. INSIDE CITY LIMITS? YES NO 🗓	319 Third Ave.	
10 m	14. F/	THER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME	LAST
96)	_	rederick		Hackne		Grace		Porter
Pages Pages medical		VAS DECEASED EVER IN U.S. A	SIVE WAR OR DATES	166. SOCIAL SECU		17 INFORMANT (Daug		7 Glenwood Ave.
		0	N/A	218.12.6	817	Mrs. Ruth Me	dicus Ca	tonsville, Md.
physicia on popers emovol.		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUST	only ane cause pe	r line far (o), (b), and	dicu			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
on popular			ATE CAUSE (o)	CAKT	2/40	ARKES	37	3 minutes
ding or re			DUE TO, C	R AS A CONSEQUE	NCE OF			0/
the offen remove c emotion, er froum	1	Canditians, if any, which	(b)_	YUL	4cNI	gry EDE	MA	Sagays
remo emo		gove rise to immediate couse (a), stating the	DUE TO, C	R AS A CONSEQUE	NCE OF			
rd by the ottendin lease remove carb ial, cremation, or or other troumotic		underlying couse last.	( Ic)_					
and and	7	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION C	GIVEN IN PART 11a
Then or to by	CERTIFICATION			<u>.</u>				
s been s prior s ony in	S	190 DATE OF OPERATION	196 COND	DITION FOR WHICH	0	N WAS PERFORMED	, IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
hysician. cate has ransit per Hygiene 18 shows	擂	1/10/86	1>0	HEMIC	150W		YES NO	YES NO
fron fron fron 1 Hy		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		.M. MONTH DA	Y YEAR	THE HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM I	B PART I OR PART 2)
certific priol-tri entol I	CA	LIF EITHER NOTIFY MEDICAL EXAMIN	IER) P	.M.	19			
	MEDICAL	214 INJURY OCCURRED		OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC }	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
this c	_	AT WORK NOT WHILE AT WORK						
ond ond	1		pital) attended t	he deceased fram_			, ta	, that (1) (we) lost
Afte of the mor		220.1 certify that (I) (this has		10	, ar	nd that in (my) (our) opinian	death occurred an the date and h	aur and fram the couses stated
TOR: After to use os of Health		saw the deceased alive of	nati vige the flody	ofter death.				
RECTOR: After the for use os opt. of Health em 21 is mort		saw the deceased alive of	not; vig- the flods	after death.	\	DEGREE	MEDICAL STAFE	TH. DATE SONED
he hospital or a DIRECTOR: Afti oched for use os Obet. af Health If Hem 21 is mor		saw the deceased alive of the property of the	Les Bres	eley m.]	).	ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	7/29/86
by the hospital or c RRAL DIRECTOR: Afti e detoched for use os Stote Dept. of Health NMT: If them 21 is mor		saw the deceased alive on the deceased alive on the deceased alive of the deceased alive	rest view the foot	eley m.]	).	ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	7/29/86
by the hospital or c RRAL DIRECTOR: Afti e detoched for use os Stote Dept. of Health NMT: If them 21 is mor		saw the deceased alive of the property of the	Bres	sley In-]	).	ATTENDING PHYSICIAN [ 22e ADDRESS	DIRECTOR   PHYSICIAN	7/29/86 BRANCH RD.
d by the hospital or context DIRECTOR: After be detached for use as e Store Dept, of Health TANT: If them 21 is mor		saw the deceased alive of the property of the	Deci po	sley m.]	).	ATTENDING PHYSICIAN [ 22e ADDRESS	DIRECTOR PHYSICIAN TO THE PHYSICIAN TO T	7/29/86 BRANCH RD.

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTO Glen Burnie, Maryland Singleton Funeral Home

250. DATE REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE AND 1886

Md.



	1					STA		ARYLANI					. 4
	1-	FOR STATE							NTAL HYGIE	0	1 8	/ 1 :	2
14	L	REGISTRAR		WE		EXAMIN	IER'S C	ERTIFIC	ATE OF DE	EATH	REG. NO.		af
		CEASED NAME E OR PRINT)	E EIRST		MIDDLE		t	AST		2a DATE KI	NOWN X MO	ONTH DAY YEAR	26 HOUR
ESTON STREET,	1.		Justi	in J	unior		Wh	ii.te,	Jr.	DEATH M	NATED	7/ 16/19 8	6
2	1 SEX		4 RACE	5. DATE OF BIRTH		6 AGE IN YE	ARS IF UND		F UNDER 24 HR			NTH DAY YEA	R 24 HOUR
5	M:	ale	White	6 - 13 -	- 86	O Y	RS. 1	DAYS	HOURS MIN.	PRONOUNC DEAD	ED	7/ 16/19 8	6 A M
,		RTHPLACE (ST		75. CITIZEN OF W	HAT COUN		18	1 3 1		9 BALTIMO	RECITY OR CO	OUNTY OF DEATH	OIAM
6	FC	REIGN COUNTRY)		TT-21 - 7 6	7.4		MARRIE	=	R MARRIED	X			
4	4	yland	OF DEATH	United S	states	SINC HOM	WIDOWE		DIVORCED L	J Anne	e Arund		
2	1			(IE NOT IN SUCH EA	CILITY, GIVE ST	REET ADDRESS)			FO	OR MOST OF WORKIN		OR INDUS	STRY
_		Annapo	lis	Anne Arur	ndel G	enera.	l Hosp	pital		N/A		N/A	
L	3a. S	TATE	131 COUN	OR OTHER INSTITUTION G		OR TOWN		I3d. INSIDE CITY	LIMITS? 13e S	STREET ADDRESS	5	,	
-	Mar	yland	Anne	Arunde1	Arno	1d		YES 🗌		9 Alamed		way/21012	
-	14. F/	ATHER'S NAME		MIDDLE		LAST		15. MOTHER	'S MAIDEN NA	ME		LAST	
1	Jo	seph	Me]	Lvin	Whi			Georg		Mari		Alton	
	16a. V	VAS DECEASE	DEVER IN U.S. AR	MED FORCES?		IAL SECURIT	Y NO.	17 INFORMA	ANT	TIGE	ADDRESS	ALCOIL	
	(1	es, no, or unkno	WN) (IF YES, GIVE	WAR OR DATES)	1			# 14		10	2 20 Ti	70 4 121	
	H		E DEATH (Enter an	lly ane cause per line	fa=(=) (1)			# 14		LSame	e as Lir		ATE INTERVAL
	1	PARTIDE	ATH WAS CAUSE	D BY:	; ior (a), (b),		J.J	Two E com	Doctile	Canadaa			SET AND DEATH
ATION, OR REMOVAL			IMMEDIA	TE CAUSE (a)	AS A CON			IIIIant	Death	Syndrom	C		
N N		Condition	ns, if ony, which	DOE TO, OR	AS A CON	SECUENCE	OF					100	
8 8		gove ris	se to immediate	< , , ,									
12		lying cau	stoting the <u>under</u> - ise lost.	DUE TO, OR	AS A CON	SEOUENCE	OF						
				(c)									
		PART 2 OTNER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELAT	TEO TO THE TERM	AINAL OISEASE I	OR CONDITION O	GIVEN IN PART 1 (a)				
	ō												
	S.	190 DATE OF	OPERATION	19h CONDI	TION FOR V	WHICH OPER	RATION WA	SPERFORM	ED?			20. AUTOPS	Y?
	TIF	No.										YES CX	NO [
1	CERTIFICATION		L CAUSE WAS	215 TIME O		DAY VE	21c. HO	W INJURY O	CCURRED (ENT	ER NATURE OF INJUR	RY IN ITEM 18 PART I		
		CONTRIBUTION	OR NG CAUSE OF I			DAY YEAR	K						
	MEDICAL	21d INJURY C	CCURRED	21e PLACE	OF INJURY	(AT HOME,	211. LOC						
	3	WHILE AT WORK	NOT WHILE	STREET, EAC	TORY, FARM, ET	(C.)	511	REET		CITY OR TOWN	4	COUNTY	STATE
			THE STATE OF THE S					37					
		220 1 certif	fy that I taak charg	ge of the regions de	scribed abov	ve, held on	Autopsy	<u>X</u> .	Inspection	, Inquiry L	, ond in n	ту оріпіоп	
		death resulte	ad from: Notur	ral cause X,	Accident	L, Su	ncide .	Hamicid	le 🔲 / Und	determined mon	ner .		
		ACTUAL		VX	7/			TITLE (SPE					
	1	ACTUAL SIGNATURE		10	V		M.0	Assi	stant M	EDICAL EXAMIN	VER SI	IGNED 7/17	1/86
1				0									
-	1	EXAMINER'S (TYPE OR PRI	NAME GI	regory R.	Kauff	man,	M.D.	DDRESS	111	Penn S	t.		
	23a.B			236 DATE	123c N	IAME OF CE	METERY OR	CREMATOR	Y 23d.	LOCATION			
			TION, REMOVAL 2	7 - 18- 8	6 Hi	llcres	st Cem	etery	Af	nnapolis	s, Anne	Arundel,	mo
	24 F	rial UNERAL DIREC	TOR	ADDRESS	195	Ritch	(O N.	25	o. DATE REC'D.	BY REGISTRAR	25b. REGISTRA	R'S SIGNATURE	
	RI	LERANCO		. 4		THE ST	0 1	wy	00 198	86 Autin	Desider	Rodoces	
	13	ACK NAC	- runer	alltome	DeM	er na f	ankin 2114		00	2	1		
							حرااط	10					

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The state of the s

page 3

nerol director,

ottending physic ove corbonpape

should be detached far use as the burial-transit permit. Then please remave carban pape with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or remaval

MPORTANT. If hem 21 is monked or hem 18 shows

MEDICAL

TO FUNERAL DIRECTOR. After this certificate has been signed by the should be detached for use as the burial-transit permit. Then please rem

injury, ar other troumatic

STATE OF MARYLAND						
DEPARTMENT OF HEALTH AND MENTAL HYGIENE						
CERTIFICATE OF DEATH						

0

REG. NO

1. DECEASED NAME (TYPE OR PRINT)		LI AMSON	20 DATE OF DEATH MON	TH DAY YEAR	26. HOUR 0859 M
3 SEX M		OF BIRTH	6 AGE (IN YEARS LAST BIRTHOAT	y) IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
76. BIRTHPLACE (STATE OR FOREIGN 70 COUNTRY) North Carolin	CITIZEN OF WHAT COUNTRY? 8 MARRIE WIDOWI	ED NEVER MARRIED DIVORCED	A.A.CO.	OUNTY OF DEATH	MD.
Fort Mead, MD.	1. NAME OF HOSPITAL, NURSING HOME ( (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  HIM BROUGH A	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK RETIRED Arm	ORKING LIFE) INDUSTRY	Army
13e STATE 13b COUNT	other institution, give residence before admission) Y 13c. CITY OR TOWN CO. Hanover	134. INSIDE CITY LIMITS?	13e STREET ADDRESS 1537 Matth	ewtown, Ro	078
INFATHER'S NAME FIRST MI	Williamson	15. MOTHER'S MAIDEN NAME FIRST	MIDDLE	LA	AST
160 WAS DECEASED EVER IN U.S. ARM (YES, NO OR UNKNOWN) (IF YES, CYES) YES		Mrs. Anna N	ADDRESS Mae Williamso	n Hanover	thawstown
18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE		ory Failur	4	BETWEEN	LONSET AND DEATH
Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF	tic Prosta	te Cancer	1	lyeas
gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF				
PART 2. OTHER SIGNIFICANT CO	DNDITIONS <u>CONTRIBUTING TO DEATH</u> BUT	I NOT RELATED TO THE TERM	•		
190. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATIO	)N WAS PERFORMED		Ob. IF YES, WERE FINDS N CERTIFYING CAUSE: YES []	
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	216, TIME OF INJURY HOUR A.M. MONTH DAY YEAR		RED (ENTER NATURE OF INJURY IN	I ITEM 18, PART 1 OR PART 2)	

P.M.

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

19

21f. LOCATION

CITY OR TOWN

and that in (my) (aur) opinion death accurred on the date and hour and from the couses stated

COUNTY STATE

22a.l certify that (1) (this haspital) attended the deceased fram saw the deceased plive an abave, (1) (we) (old) (did not) view the bady after death. 22b. SIGNATURE

WHILE AT WORK

(IF EITHER, NOTIFY MEDICAL EXAMINER)

NOT WHILE

21d. INJURY OCCURRED

FOR

STATE REGISTRAR

DEGREE

ATTENDING PHYSICIAN MEDICAL STAFF 220. DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

5-1986

21e. PLACE OF INJURY

22e. ADDRESS

8. Wilm

BP.

hospital or

etoined by the

DHMH - 16 25M (VR A 15 (4) ) 9/74 236 BURIAL, CREMATION, REMOVAL BURIAL 23b. DATE

23c. NAME OF CEMETERY OR CREMATORY MARYLAND VETERANS

23d. LOCATION CITY OF TOWN

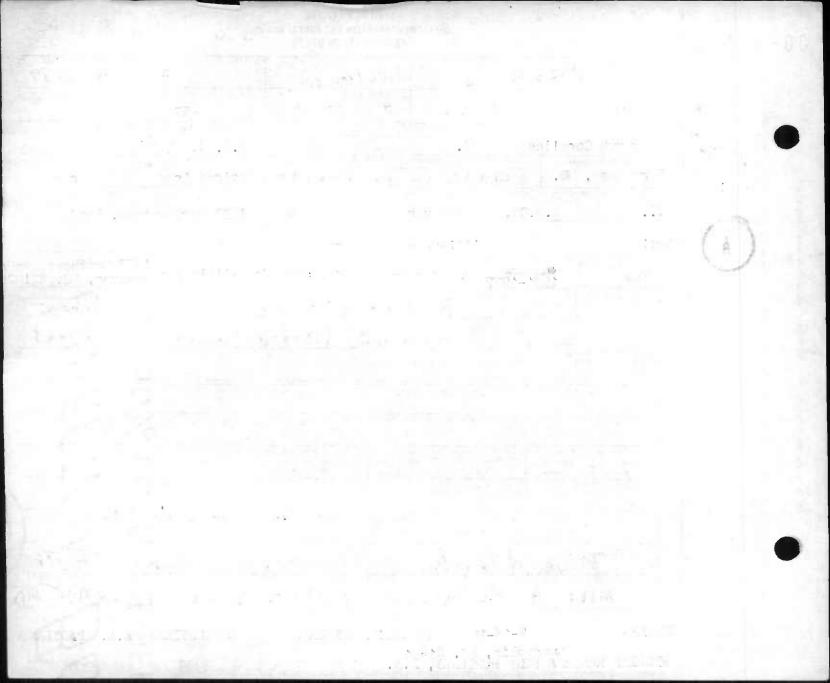
COUNTY

STATE

that (I) (we) last

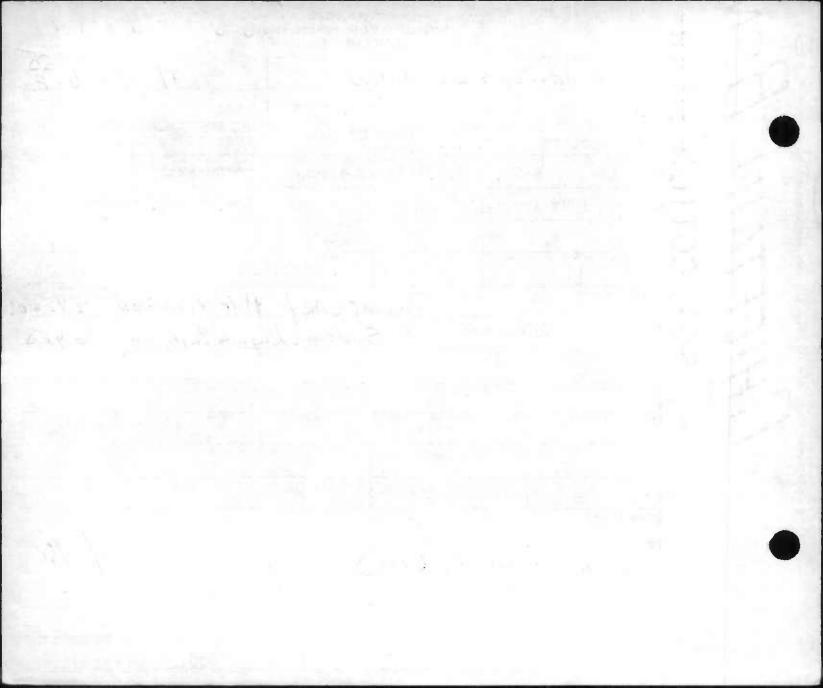
24. FUNERAL DIRECTOR REESE & SONS MORTUARY, P.A. CROWNSYTTLE A. A. MARYLAN D.
250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

andor Randoll



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 3 (201	
	-
of ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 intermination. Page 4 may be	
haspital or affending physician.	3
IRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3	13.

13437	1-	FOR STATE REGISTRAR	DEP	ARTMENT OF HEALT	MARYLAND H AND MENTAL HYO TE OF DEATH	GIENE Ó	187	11/-
poge 3		CEASED NAME FIRST CORPRINT) KIMBE	RLV 5 WIL	LI AM SON	,		7/ 12/86	26 HQUS 5
ctor. pog	3. SE		4. RACE CAUCASIAN	5. DATE OF BIR		6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR MONTHS DAYS	R IF UNDER 24 HRS
nerol dire		RTHPLACE (STATE OR FOREIGN COUNTRY) RHODE ISLAND	76 CITIZEN OF WHAT COUN	MARRIED X	NEVER MARRIED DIVORCED	9 BALTIMORE CITY OF		TY MD.
by the full siled with A		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NI BLDG TAPT	URSING HOME OR OT		120 USUAL OCCUPATION TO THE CONTROL OCCUPATI		OF BUSINESS OR
filled in build be	13n S	AL RESIDENCE (IF NURSING HOME OR STATE LRYLAND ANNE		V DUI GI	NSIDE CITY LIMITS?	BLDG ADDRESS A	PTCODE 2 PERR	Y CIRCLE
ompletely ohd ss	14 FA	JAMES R.	SPOHNHÔ		OTHER'S MAIDEN NA LLIÄN	MIODLE	KANDRIS	AST
on ond co	16a V	VAS DECEASED EVER IN U.S. AR VES NO OR UNKNOWN) (IF YES, GIV			T. MICHA	EL WILLIAM	ISON USN S	AME AS
equires that the death certificate in signed by the attending physic. Then please remave corbonpape to buriol, cremotion, or remaval injury, or other traumatic event, the contract of the companion of the contract of the co	NOI	18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT  Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT OF THE CAUSE (CO.)	DUE TO, OR AS A CONS  (b)  DUE TO, OR AS A CONS (c)	SEQUENCE OF	esternich	MINAL DISEASE OR CONE	HTTMA ( POSUS)	6 4R8
icion.  The low right permit.  Is permit.  Shows any	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION WA	SPERFORMED	200 AUTOPSY?  YES NO	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES []	INGS USED S OF DEATH?
C PHYSICIAN: The ottending physicio price this certificate by the buriol-transit, and Mental Hygie ked or tem 18 sho	MEDICAL CE	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED  WHILE AT WORK AT WORK AT WORK	TH HOUR A.M. MONTH	DAY YEAR	HOW INJURY OCCUR LOCATION STREET	RRED (ENTER NATURE OF INJUR		STATE
TO HOSPITAL OR ATTENDING retoined by the hospital or of TO FUNERAL DIRECTOR, aftishold be detoched for use as with the Store Dept. of Health IMPORTANT: If them 21 is mor	-	22a I certify that (I) (this haspi sow the deceased alive on	William Che	ond the	ATTENDING PHYSICIAN [	death occurred on the do	FIAN .	17/86
BP D S S S S S S S S S S S S S S S S S S		BURIAL, CREMATION, REMOVAL		23c NAME OF CEMET METROPOL	ERY OR CREMATORY	ANDRIA TO FA		
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 FU R	UNERAL DIRECTOR OBERT E. EVAN	IS ANNAPOLIE	Beşs MD.	25a. DA	TE REC'D. BY REGISTRAR	156 REGISTRAR'S SIGNA Julia Davidson	



## FOR STATE DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND & MADORTANT, If here 21 is marked or here 18 shows any 10 FUNERAL DIRECTOR A should be detached for use with the State Dept, all Neo ned by the TO HOSPITAL

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 86 18718

7.6		REGISTRAR	CERTIFICATE OF DEA	REG. NO.	.0110
-		CEASED NAME FIRST	MIDDLE LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
		Johr	Christopher Wilson	フ	186044
	1.58	×	4. RACE 5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS
- /	L	Male	White Month DAY	78-249 36 Y	
185	70. B	RTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARK	9 BALTIMORE CITY OR COL	
11/	(1)	shington DC	14 6 0	CED TI Anne A	nindel
12	n c	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUT	TION 120 USUAL OCCUPATION	ING LIFE) TO KIND OF BUSINESS
	16	nnapolis	Anne frunde General Haso	THE STUDE TO WORK	Heating & Air
1 201		AL RESIDENCE (IF NURSING HOME COTATE)	ROTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)		
をプク	1	mb P	HONGOOLS YES X NO		Street 2140
Fin/s	14. F.	ATHER'S NAME	15. MOTHER'S MA		On Co. At to
ndl	1	John Jas	Seph (1) ISAIN (1)	fred m.	Schrock
9 /	16a \	VAS DECEASED EVER IN U.S. A		ADDRESS	Same as
2 2/	'	YET NO ORTHNENOWN) (IF YES, G	WE WAR OR DATES) \$15-54-5464 F 17-01	beth H. Wilson.	#13
1 4		18 CAUSE OF DEATH (Enter of	nly ane cause per line for (a), (b), and (c).)	BC 113 [1] CO 11 4011 -	APPROXIMATE INTERVA
		PART I. DEATH WAS CAUS	ED BY: PL-10.	Imazar ambol	A CONTENDED AND DE
6 - x		IMMEDIA	TIE CAOSE (O)	JANOSAGINE ON 1000	
8 0 0			DUE TO, OR AS A CONSEQUENCE OF	1 1 12 10	00 4004
1000	1	Canditions, if any, which gave rise to immediate	( 16) 5/P CABG Surgery Zw	R py sytminey	muslent CAS
100		cause (a), stating the	DUE TO, OR AS A CONSEQUENCE OF	0 0	
of to		underlying cause last.	( (c)		
200	100	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OR CONDITION	GIVEN IN PART 110
202	Š				
1117		190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORME		F YES, WERE FINDINGS USED
it in	CERTIFICAT			YES NOD IN CH	ERTIFYING CAUSES OF DEATH
2	i A	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY 21c. HOW INJURY	Y OCCURRED (ENTER NATURE OF INJURY IN ITEA	
	25	OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH DAY YEAR		
114/	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	8) P.M. 19 21e. PLACE OF INJURY 211 LOCATION		
P P	¥	100	(AT HOME STREET, FACTORY, OFFICE FARM ETC.)	CITY OR TOWN	COUNTY STAT
0 th		WHILE NOT WHILE AT WORK			
10 E		220.1 certify that (1) (this hasp	ital) attended the deceased fram	9, to	, 19, that (I) (we
27 5	1	saw the deceased alive a	n 19 86, and that in (my) (aur	) apinian death accurred on the date and	haur and fram the causes state
무 등 등	ı	226 SIGNATURE	DEGREE		22c. DATE SIGNED
30 =		& Kingal	ATTEN	NDING MEDICAL STAFF	17-1-86
8 5 5	1	22d, PHYSICIAN'S NAME (TYPE		CICIAN DIRECTOR PHYSICIAN	, , , ,
ORTA /	1	10.5	0 110	101.15	1 1 100
9 4 8	_	Elizabe:	TR'M Kingsley /2/0	it heaval st.	Hnnapolis M
- 1		BURIAL, CREMATION, REMOVA	236 DATE 23c. NAME OF CEMETERY OR CREM	AATORY 23d LOCATION	
	1 1	Burral	July 3.1986 Cedar Blu	ff Annapolis	AA MI
		INERAL DIRECTOR		250. DATE REC'D. BY REGISTRAR 256 RE	GISTRAR'S SIGNATURE
60M 7/84	tro	NAME FLOORING	1 About GODRESS	1111 2 4000 /	Andread Andread Asset

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STATE OF MARYLAND

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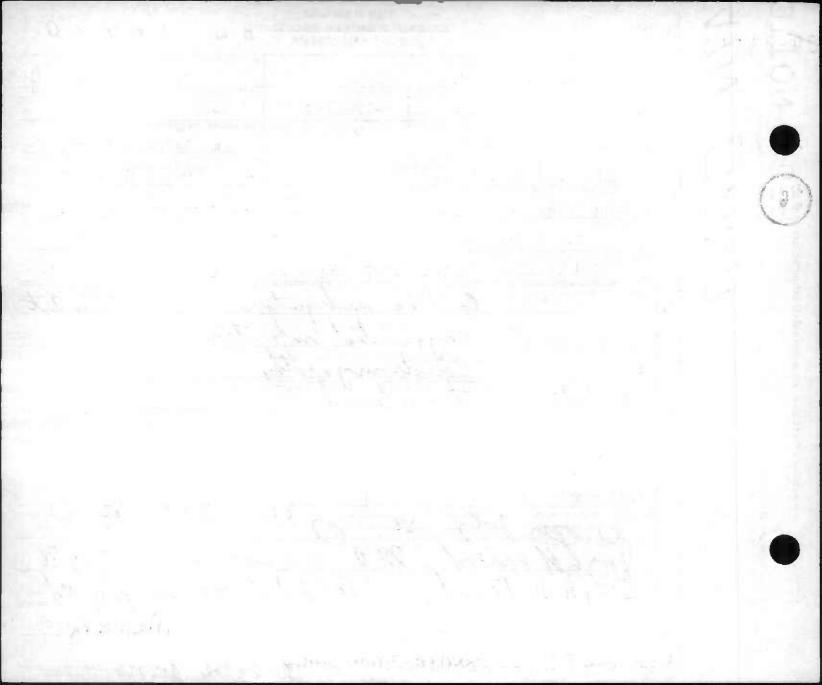
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIEN - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. I. DECEASED NAME MIDDLE 2a DATE OF DEATH 2b HOUR LITYPE OR PRINTS Miriam M. Young 7 - 23 - 186 5 DATE OF BIRTH A AGE LIN YEARS LAST BIRTHDAY IF UNDER I YEAR IF LINDER 24 MAG 3. SEX 4 RACE 5-27-1927 YEAR 59 Female. Caucasion TO BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Virginia U.S.A. Amme Arundel County WIDOWED DIVORCED M CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR type of work for most of working life INDUSTRY
Dept/ Social Services (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Anne Arundel General Hospit Annapolis USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13e STREET ADDRESS / ZIP CODE 13b COUNTY 13r CITY OR TOWN 1 13d. INSIDE CITY LIMITS? A.A. Co. Maryland 307 Clifton Ave. 21012 Arnold YES 🗍 NO X 15. MOTHER'S MAIDEN NAME FATHER'S NAME Maude Matthews Matthews Pau1 ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT LYES NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) Same as Above 13e Royal J. Young 227-24-208 no 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE Canditions, if any, which gove rise to immediate cause (a), stating the underlying couse lost. TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART TO CERTIFICATION TO CONDITION FOR WHICH OPERATION WAS PERFORMED 78s AUTOPSY? 20h IF YES, WERE FINDINGS USED MA DATE OF OPERATION IN CERTIFYING CAUSES OF DEATHS NOL VES [ The ACCIDENT WAS UNDERLYING 71h TIME OF INJURY THE HOW INJURY OCCURRED (SHIPE NATURE OF PROOF AS THE 18 FART S GREEKE TO HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING C CAUSE OF DEATH OF EITHER NOTHY WEDICAL EXAMPLED. DE XA 214 INJURY OCCURRED THE LOCATION 714 PLACE OF INJURY CITY OR FOWN COUNTY STATE STREET CAT HOME STREET FACTORY, OFFICE FARM, ETC.) AT WORK 220.1 certify that (1) (this haspital) attended the beceased from and that in (bur) apinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN ADIRECTOR PHYSICIAN 22e. ADDRESS 231. NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION REMOVAL (SPECIFY) Parksley 7-25-1986 Parksley Cem. Burial 501 Ritchie Hwy. 25a DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR SEVERNA PARK MD 21146

DHMH - 16 60M 7/84 (VRA 15, 4)

RP



	affil deoth. Page 4 may be	the heral director, page 3 ad within 72 hours ofter death
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OX ATTENDING PHYSICIAN: The low requires that the death certificate be executed with 12 months death. Page 4 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely it in the inversignment of a should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages Land 2 should be filed within 72 hours ofter death

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DHMH - 16 60M 7/84 1 (VRA 15, 4)

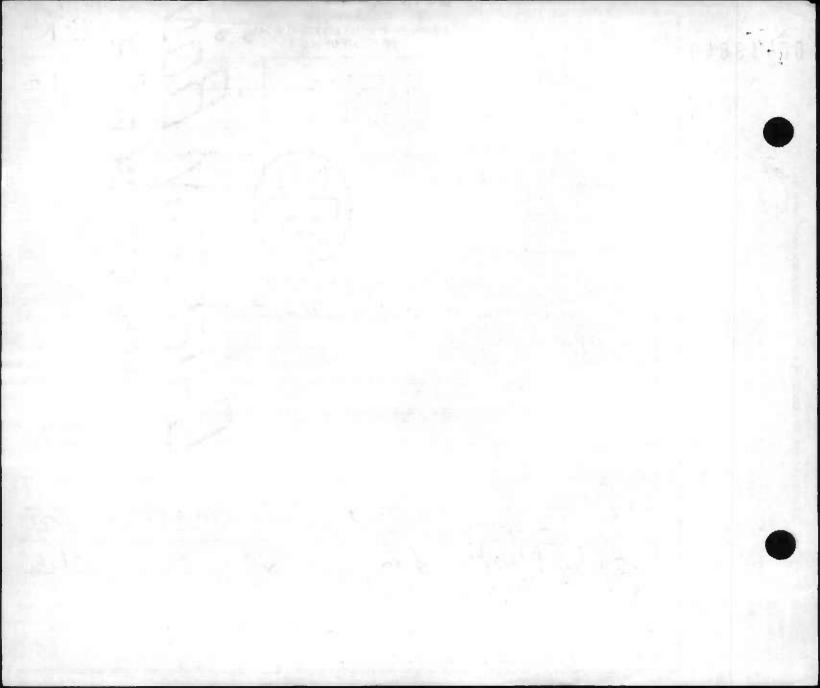
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS

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840	1.	FOR STATE REGISTRAR			DEPARTN		EALTH AND MENTAL H	0 0	, NO.	372	-	
0 1 0		CEASED NAME	FIRST		WIDOLE		AST	20. DATE OF DEAT	H MONTH	DAY YEAR	26 HOUR	
er death	(116	CRPRINT	DONALD		GEORGE	YO	UNGBLOOD		JULY 27	,1986	6 3 AM	
72 hours ofter d	3 SE	SEX		4 RACE		5. DATE OF BIRTH		6 AGE (IN YEARS LA	T BIRTHOAY)	IF UNDER I YEAR	IF UNDER 24 HRS	
6		MALE		WHITE		Oct		43	43 YRS MONTHS		DAYS HOURS MIN.	
In A		RTHPLACE (STATE OR	OREIGN 7	L CITIZEN O	F WHAT COUNTRY?	8.		9 BALTIMORE CIT		OF DEATH		
7:/		SHINGTON D	C	U.S.	Α.	WIDOW	D NEVER MARRIED DIVORCED		. COUNT	V	MD.	
POC	10 C	ILLERSVILL	TH 1	1. NAME OF 18 ST 355 (	FHOSPITAL, NURSIN UCH FACILITY, GIVE STREET / CHALET DRI	G HOME (	OR OTHER INSTITUTION	12a USUALOCCUI (TYPE OF WORK FOR MI ASS T REC	PATION DST OF WORKING LIE	126 KIND OF	BÚSINESS OR MERICAN	
35	PUSU	AL RESIDENCE IN NURS		THER INSTITUTIO		ADMISSION)	13d INSIDE CITY LIMITS	?   13e STREET ADDRE	SS / ZIP CODE			
100	14\F.	THER'S NAME	A.A	•	FILLLERSV.	LLLE	YES NO X	1 355 CHAI	ET DRIV	E	08	
108/1	7	FIRST		IDDLE	LAST		FIRST	MIDO	33	LAST		
1	160.	GEORGE WAS DECEASED EVER IN U.S. AR		E. YOUNGBLOO MED FORCES? [166 SOCIAL SECU				(IIIII) Al	DRESS	DARBY	DARBY	
medico		YES NO OR UNKNOWN)	(IF YES GIVE	WAR OR DATES)				(MILE)				
E/		NO	NON		230.54.2		MRS. NANCY	YOUNGBLOOD	SAME	AS #13	. AVE WITTEN	
nt, th	744	18 CAUSE OF DEAT PART I. DEATH W	H (Enter only	one couse p	er line for (a), 1b1, and	dict.	- m=	, Animan	)	BETWEEN O	MATE INTERVAL INSET AND DEATH	
eve	17		IMMEDIATE		MALI	6 NITI	VI 1/1/2	LANOMY	/			
otion, or roumotie		DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate  (b) (b) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d										
ol, cremo		couse (o), stotin	g the	DUE TO.	OR AS A CONSEQUE	NCE OF						
njury, a	20	PART 2 OTHER SIGN	NIFICANT CO	ONDITIONS (	CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TE	rminal disease or c	ONDITION GIV	EN IN PART 110	1 34	
no sono	CERTIFICATION	190 DATE OF OPERATION		196, CONDITION FOR WHICH OPERATION			N WAS PERFORMED	200 AUTOPSY? 200. IF YES, WERE FINDIN IN CERTIFYING CAUSES		YING CAUSES		
8 sh	CER	210. ACCIDENT WAS UNE	DERLYING [		OF INJURY		21c HOW INJURY OCC	URRED (ENTER NATURE OF				
E	OR CONTRACTOR CALLER OF DE											
or the	MEDICAL	21d. INJURY OCCUR		21e. PLAC	P.M. E OF INJURY	19	211 LOCATION					
ked	M	WHILE NOT WE	ILE .	(AT HOME S	STREET, FACTORY, OFFICE, FA	ARM ETC )	STREET	CITY	NWOTRG	COUNTY	STATE	
E	7 2 4										hor (I) we lost	
21 is		sow the deceose	d olive	7/20	186 19		nd that in my (our) opini	on death occurred on th	e date and hou			
E		224 SIGNATURE	Don bitty bit	view the bod	ly after death		DEGREE			1220 DATES		
= = - - - -		ATTENDING MEDICAL STAFF PHYSICIAN'S NAME (TYPE OR PRINT)  120. PHYSICIAN'S NAME (TYPE OR PRINT)										
IMPORTANT: #		STANZ	ñy	WA	TKIN							
		BURIAL, CREMATION, (SPECIFY) CREMATION	REMOVAL	JULY			EMETERY OR CREMATOR Y PROCESS, IN		TILLE	BALT.	MD STATE	
7/B4		UNERAL DIRECTOR			ADDRESS			DATE REC'D. BY REGISTI	RAR 256. REGIST	RAR'S SIGNATU	JRE	
1)		SINGLETON	FUNERA	L HOM	e glen"bu	RNIE,	MD.	UI 29 1986		marine and	diene.	



1				STATE OF MARYLAND	-			
L	FOR STATE REGISTRAR		C	IT OF HEALTH AND MENTAL HY ERTIFICATE OF DEATH	8 6 REG. N	.18	72:	2
	ECEASED NAME FIRST	WIDDLI		LAST	20 DATE OF DEATH	MONTH DAY	YEAR 2b. HC	UR
3. SE	Ethel	Bloc 14. RACE		ieve Date Of BIRTH	6. AGE (IN YEARS LAST BIR	30-198		R 24 HRS
	Female	White		9-11-1907	78	YRS.	DERTYEAR IF UND	MIN.
	COUNTRY) Virginia	75. CITIZEN OF WHA	N <sub>W</sub>	MARRIED NEVER MARRIED DIVORCED	Anne Art	_		M
	Annapolis	1010 Ta	LITY GIVE STREET ADDR		12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O Reg. Nut		kind of Busin Dustry Nursing	ESS OR
13a. S	JAL RESIDENCE (IF NURSING HOME STATE 136 CO	OR OTHER INSTITUTION GIVE UNITY AACO. 134	RESIDENCE REFORE ADM CITY OR TOWN nnapoli	S 13d INSIDE CITY LIMITS?	13. STREET ADDRESS	ZIP CODE IWOOd	Rd. Ap	7
14 FA	ather's Name Israel	MIDDLE Le	gum	15 MOTHER'S MAIDEN N		Lichte	nstein	4
	(YES, NO OR UNKNOWN) (IF YES		SOCIAL SECURITY 2182817		E. Block	3109	Catrina	La La
	Conditions, if any, which	ATE CAUSE (0)	A CONSEQUENCE	may Jama	icl.		APPROXIMATE INT BETWEEN ONSET AN	ERVAL D DEATH
7	IMMEDI	DUE TO, OR AS  (b)  DUE TO, OR AS  (c)	A CONSEQUENCE	E OF		DITION GIVEN IN		ERVAL D DEATH
RTIFICATION	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS  (b)  DUE TO, OR AS  (c)  T CONDITIONS CONTR	A CONSEQUENCE  A CONSEQUENCE  RIBUTING TO DEAL	E OF		20b. IF YES, WEI		ED TH?
CAL CERTIFICATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last  PART 2. OTHER SIGNIFICAN	DUE TO, OR AS  (b)  DUE TO, OR AS  (c)  T CONDITIONS CONTE  19b CONDITION  19b CONDITION  DEATH  21b. TIME OF IN. HOUR A.M.	A CONSEQUENCE  A CONSEQUENCE  RIBUTING TO DEAT  N FOR WHICH OPE	E OF  TH BUT NOT RELATED TO THE TER  HATION WAS PERFORMED  216. HOW INJURY OCCU	MINAL DISEASE OR CON	20b. IF YES, WEF IN CERTIFYING YES	PART To RE FINDINGS US CAUSES OF DE NO	ED TH?
MEDICAL CERTIFICATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost  PART 2. OTHER SIGNIFICAN  PART 2. OTHER SIGNIFICAN  19a DATE OF OPERATION  71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C	DUE TO, OR AS  (b)  DUE TO, OR AS  (c)  T CONDITIONS CONTR  BLUDG  19b. CONDITION  19b. CONDITION  DEATH HOUR A.M. P.M.  21b. PLACE OF IN	A CONSEQUENCE  A CONSEQUENCE  RIBUTING TO DEAL  N FOR WHICH OPE  JURY  MONTH DAY	E OF  TH BUT NOT RELATED TO THE TER  THATION WAS PERFORMED  YEAR  19  211. LOCATION	MINAL DISEASE OR CON    200 AUTOPSY?   YES   NO	20b. IF YES, WEF IN CERTIFYING YES TEN ITEM IS PART I C	PART To RE FINDINGS US CAUSES OF DE NO	ED TH?
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250 DATE REC'D. BY DECISION 256. REGISTRAR'S SIGNATURE OF COM

Md.

Annapolis

DHMH - 16 60M 7/84 (VRA 15, 4) 24 FUNERAL DIRECTOR

Hardesty Funeral Home

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and ca should be detached for use as the burial-transit permit. Then please remave carbon papers. Paged to

